A blue text on a black background

Description automatically generatedA road next to a lake

Description automatically generated

**Multiple-use Register  
Reference No.: 910**

**Technical Consultants**

**Application Form**

|  |
| --- |
|  |
|  |
|  |

Application Form

Details

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Address** |  | |
| **ABN** |  | |
| **Address for notices** |  | |
| **Contact details:** | | |
| **Name** |  | |
| **Phone** |  | |
| **Email** |  | |
| **Supplementary submission** | Is evidence of licenses, accreditations and certifications required by law for the applicant to practice in the State of Tasmania submitted with the application? (state yes or no) |  |

Recognition of Existing Prequalification

|  |  |
| --- | --- |
| **Supplementary submission: Does the following apply?** (state yes or no) | |
| Is the applicant prequalified with the Department of Treasury and Finance Tasmania in an equivalent category or categories? If yes, attach the latest confirmation letter, complete the Category Nominations and Work Health and Safety Capability section and lodge the application. |  |

Organisational Structure and Capability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplementary submissions: Are the following included with the application?** (state yes or no) | | | | |
| An overview of the organisation, when it was established, its core business activities and areas of specialty? | | | |  |
| A document summarising what the organisation considers to be its strengths which differentiate it from other consultants. | | | |  |
| Details of any innovative or novel systems or approaches to customer communication and service delivery. | | | |  |
| Details of any specialised equipment, software, and techniques which are unique to the applicant. | | | |  |
| Existing relationships with subconsultants and suppliers (name, location and duration of relationship and description of the acquired goods and/or services). | | | |  |
| Details of partners, directors, principals etc and their affiliations, accreditations, memberships or industry associations. | | | |  |
| Organisation chart (or similar) highlighting the key personnel that would manage and deliver services to Council. | | | |  |
| Total number of permanent full and part time employees (excludes labour hire and casual) | | | |  |
| **Workforce distribution** | | | | |
| **Location** | Outside Tasmania | Within Tasmania | Within Greater Hobart | Within Glenorchy LGA |
| **Number of employees** |  |  |  |  |

Category Nominations

Nominate the categories applied for:

|  |  |
| --- | --- |
| **Categories** | **Applied for** (state yes or no) |
| Project Management Services: | |
| * Optioneering |  |
| * Feasibility |  |
| * Project planning |  |
| * Project development |  |
| * Project documentation |  |
| * Project coordination and delivery |  |
| * Supervision and site management |  |
| * Contract Administration / Superintendent Services |  |
| Design services: | |
| * Architectural |  |
| * Civil |  |
| * Structural |  |
| * Mechanical |  |
| * Electrical |  |
| * Hydraulic |  |
| * Clean energy |  |
| * Energy efficiency |  |
| * Ecologically sustainable |  |
| * Land surveying and survey drafting |  |
| * Road and bridge surveying and drafting |  |
| * General engineering surveying and drafting |  |
| Heritage: | |
| * Assessment |  |
| * Conservation |  |
| * Planning |  |
| * Design |  |
| Geotechnical Engineering: | |
| * Soil mechanics. |  |
| * Rock mechanics. |  |
| * Foundation engineering. |  |
| * Hydrology. |  |
| * Climate. |  |
| Quantity surveying |  |
| Building Surveying and Certification |  |
| Development Planning |  |

Relevance of Past Experience

|  |  |
| --- | --- |
| **Supplementary submissions: Are details for two projects in each category applied for recently completed by the applicant included with the application?** (state yes/no) |  |
| NOTE: The information supplied for each project should include the following:   * A description of the services provided. * Whether the applicant as the lead consultant or a subconsultant. * Value. * Duration. | |

Technical and Management Capability

|  |  |
| --- | --- |
| **Supplementary submission: Are details of the consultant’s technical team included with the application?** (state yes/no) |  |
| NOTE: Expand in the information submitted under Organisational Structure and Capability. The information supplied should include the include a list by discipline with the number of personnel and their relevant skills qualifications in the categories applied for. | |
| **Supplementary submission: Are details of the applicant’s management resources and systems included with the application?** (state yes/no) |  |
| NOTE: The information supplied should include details of the following:   * Quality assurance system. * Project management system and procedures. * Customer relationship management practices. | |

|  |  |
| --- | --- |
| **Provide details of occupational licences and accreditations by key personnel** (add rows if needed): | |
| Practitioner’s name | Licences and accreditations held (include licence number if applicable) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Work Health and Safety Capability

|  |  |
| --- | --- |
| **Does the applicant have a work health and management safety system which is independently certified to AS/NZS 4801 or AS/NZS ISO 45001?.** State yes or no. If yes, submit a copy of the current certificate or verification letter with the application. |  |
| If no to the above, is a description of the applicant’s work health and safety processes and procedures included? |  |

|  | | 1. **Yes/No** |
| --- | --- | --- |
| **1.** | **Health and Safety Policy and Management** | |
| 1.1 | Is there a written company health and safety policy? |  |
| 1.2 | Does your company have procedures to update work health and safety information and maintain ongoing awareness of work health and safety regulations? |  |
| **2.** | **Safe Work Practices and Procedures** | |
| 2.1 | Has the company prepared safe operating procedures or specific safety instructions relevant to its operation? |  |
| 2.2 | Is there a formal and/or documented incident investigation procedure? |  |
| 2.3 | Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company? |  |
| **3.** | **Health and Safety Training** | |
| 3.1 | Does your company have an induction program for new employees and subconsultants? |  |
| 3.2 | Does your company have emergency response procedures in place and organise for employees to attend first aid training? |  |
| **4.** | **Health and Safety Workplace Inspections** | |
| 4.1 | Are regular health and safety inspections conducted at work sites where your employees or subcontractors are present? |  |
| **5.** | **Health and Safety Consultation** | |
| 5.1 | Does your company make provision for health and safety communication and consultation (for example toolbox meetings, employee involvement in inspections)? |  |

|  |  |  |
| --- | --- | --- |
| **6.** | **Health and Safety Offences** | |
|  | Can you confirm that in the past five years your organisation has not been convicted of an occupational health and safety offence, nor been served with an improvement or prohibition notice?  *If No, provide details of the offence(s) or notice and provide evidence of the appropriate remedial/corrective action that the company has taken.* |  |

Details of work health and safety offence(s) or notice and remedial/corrective actions taken:

Lodgement

|  |  |
| --- | --- |
|  | |
| Signed above by the applicant or on behalf of the applicant by a person who warrants their authority to sign | |
| Name of person signing |  |
| Position title |  |
| Date |  |