

# BER Illawarra Project

# EOI Questionnaire

To respond simply place your cursor in the spaces provided and tab between each.  
Where " ✓ box" is required, place your cursor in the box and click.

## Details

Name of Individual, Business or Company: \_\_\_\_\_ ACN/ABN: \_\_\_\_\_

Trading as (if different to above): \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: (if different to above): \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

|   |             |             |         |
|---|-------------|-------------|---------|
| <input checked="" type="checkbox"/> Box | Sole Trader | Partnership | Company |
| Business Type                           |             |             |         |

|   |         |               |          |
|---|---------|---------------|----------|
| <input checked="" type="checkbox"/> Box | Builder | Subcontractor | Supplier |
| Main Business Activity                  |         |               |          |

Trade [if applicable]: \_\_\_\_\_

|   |            |             |
|---|------------|-------------|
| <input checked="" type="checkbox"/> Box | Commercial | Residential |
| Industry Sector                         |            |             |

| Sub Region/s                            | Preferred | Availability |           |           |            |              |
|---|-----------|--------------|-----------|-----------|------------|--------------|
|   |           | Now          | Two Weeks | One Month | Two Months | Three Months |
| <input checked="" type="checkbox"/> Box |           |              |           |           |            |              |
| 1. Wollongong                           |           |              |           |           |            |              |
| 2. Southern Highlands                   |           |              |           |           |            |              |
| 3. Western                              |           |              |           |           |            |              |
| 4. Goulburn                             |           |              |           |           |            |              |
| 5. Nowra                                |           |              |           |           |            |              |
| 6. Queanbeyan                           |           |              |           |           |            |              |
| 7. Batemans Bay                         |           |              |           |           |            |              |
| 8. Snowy Mountains                      |           |              |           |           |            |              |
| 9. Bega                                 |           |              |           |           |            |              |

Approximate Annual Turnover: \_\_\_\_\_ Number of Direct Employees: \_\_\_\_\_

Number of Subcontractors: \_\_\_\_\_ Period in Business [Years]: \_\_\_\_\_



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|                           |        |        |        |        |        |
|---------------------------|--------|--------|--------|--------|--------|
| Builder Preferences ✓ Box | \$170K | \$600K | \$1.4M | \$1.7M | \$2.1M |
| Project Size              |        |        |        |        |        |
| Number of Projects        |        |        |        |        |        |

|                                     |  |
|-------------------------------------|--|
| Subcontractor / Supplier Preference |  |
| Subcontract / Supply Size \$        |  |
| Number of Projects                  |  |

|   |     |    |
|---|-----|----|
| ✓ Box   | Yes | No |
| Is your business pre-qualified under the State Government pre-qualification procurement guidelines? |     |    |

If Yes, to what value of project is your business pre-qualified?

| Please list six recently completed or current projects | Approximate Value | Reference    |       |
|--|-------------------|--------------|-------|
|  |                   | Contact name | Phone |
| 1.   |                   |              |       |
| 2.   |                   |              |       |
| 3.   |                   |              |       |
| 4.   |                   |              |       |
| 5.   |                   |              |       |
| 6.   |                   |              |       |

| Please list any recently completed or current Government projects (in particular schools) | Approximate Value | Federal | State | Reference    |       |
|---|-------------------|---------|-------|--------------|-------|
|   |                   |         |       | Contact name | Phone |
| 1.  |                   |         |       |              |       |
| 2.  |                   |         |       |              |       |
| 3.  |                   |         |       |              |       |
| 4.  |                   |         |       |              |       |
| 5.  |                   |         |       |              |       |
| 6.  |                   |         |       |              |       |

| Insurance Cover                        | Insurance Company | Policy No | Expiry Date | Limit of Cover |
|--|-------------------|-----------|-------------|----------------|
| Contract Works Insurance               |                   |           |             |                |
| Worker's Compensation Insurance        |                   |           |             |                |
| Public and Product Liability Insurance |                   |           |             |                |
| Professional Indemnity Insurance       |                   |           |             |                |

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|   |     |    |
|---|-----|----|
| Industrial Management - do you operate under a: ✓ Box | Yes | No |
| 1. Registered Agreement                               |     |    |
| 2. NAPSA (Notional Agreement Preserving State Award)  |     |    |
| 3. Other  |     |    |

|  |     |    |
|--|-----|----|
| ✓ Box  | Yes | No |
| Does your business have an QA management system certified to ISO 9001? |     |    |

If No, do you have a QA management system?

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If No, are you willing to comply with RCC requirements for QA?

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|   |     |    |
|---|-----|----|
| ✓ Box   | Yes | No |
| Does your business have an OHS system certified to AS/NZS 4801? |     |    |

If No, do you have a formally documented OHS system?

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|   |     |    |
|---|-----|----|
| ✓ Box   | Yes | No |
| Does your business have an environmental management system certified to ISO 14001 or similar? |     |    |

If No, do you have a formally documented environmental management system?

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If No, are you willing to comply with RCC requirements for environmental management?

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|  |     |    |
|--|-----|----|
| ✓ Box  | Yes | No |
| Do you understand that a Working with Children Check will be required? |     |    |

How many indigenous Australians do you currently employ?

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|  |     |    |
|--|-----|----|
| ✓ Box  | Yes | No |
| Would you engage indigenous Australians under the Aboriginal Participation Program |     |    |

How many Apprentices and/or trainees do you currently employ?

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If No, are you willing to engage Apprentices and/or trainees as part of undertaking this work?

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How many local employees do you have in the regions that you are interested in, undertaking projects?

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Please state your policy in regard to employing local subcontractors, suppliers or direct employees?

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**SUBMIT**

