

Please complete the following and provide documentation as outlined.

Contractor/Supplier Details:

Trading Entity: Company Sole Trader Partnership Other

Company Name: _____

Company Address: _____

Primary Contact: _____

Primary Contact Phone/Mobile: _____

Primary Contact Email Address: _____

Company ABN: _____

Employees:

Please provide a full list of any employees that could be on Blakes sites, their contact number and emergency information.

Principal Contractor-

Name:

Mobile:

Next of Kin (name and phone):

Employee 1-

Name:

Mobile:

Next of Kin (name and phone):

Employee 2-

Name:

Mobile:

Next of Kin (name and phone):

Documentation:

PLEASE PROVIDE A COPY OF THE BELOW CERTIFICATES FOR OUR RECORDS

- Public Liability Insurance – Certificate of Currency
- Work Cover Insurance – Certificate of Currency (if applicable)
- White/Red Site Card (for all employees)
- Registration Practitioner Category (if applicable)
- Additional licenses, certificates, or documentation relative to the industry
- First Aid Certificates