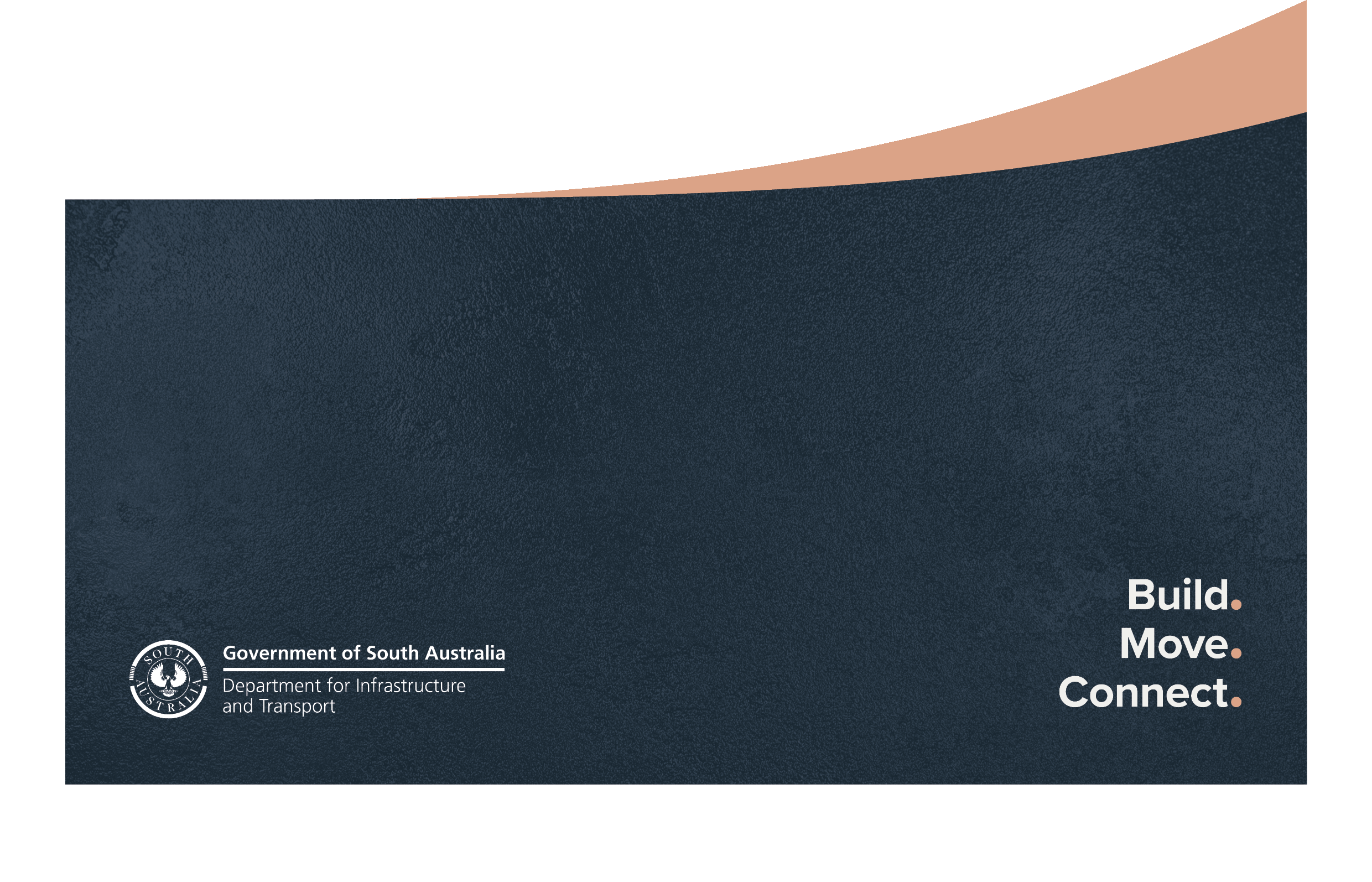
**Safety Auditing and Construction Risk Services Prequalification**

**Application Form**



**Document references**

**KNet number: 20714939**

**KNet file part: 2023/07011/01**

**Document purpose**

[Secondary heading]

The purpose of this document is to:

* provide Applicants with the response structure required for a compliant submission; and
* detail requirements of each Schedule.

##### Services covered by the prequalification scheme

|  |  |  |
| --- | --- | --- |
|  | Category | Services |
| 1 | Safety Auditing Services | * Review Legislative Compliance of Contractor WHS Management Systems * On Site Safety Inspections * Work Site Specific Safety Reviews * Safety and Hazard Identification Audits * Critical Incident Investigations |
| 2 | Construction Risk Services | * Risk Assessment for Infrastructure Delivery projects |

##### **Instructions**

**General**

Companies (Applicants) wanting to apply to the Safety Auditing and Construction Risk Services Prequalification Scheme with the Department are required to fill out this Application Form and attach the information requested. This Application Form should be read with the Prequalification Guidelines (Guidelines).

**Schedule checklist for Application**

For each item, please tick the box to indicate that the Schedule has been completed and included with your Application.

|  |  |  |
| --- | --- | --- |
| Schedule | Information |  |
| M1 | Application Form |  |
| M2 | Agreement with the terms and conditions and insurance requirements |  |
| S1 | Demonstrated company experience and licenses |  |
| S2 | Agreement to meeting the standards and legislative requirements of the service category |  |
| S3 | Qualifications, training, and experience of key personnel |  |
| F1 | Schedule of Rates and Disbursements |  |

**Schedule M1: Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Applicant: | Enter text | | | | |
| Business name: | Enter text | | | | |
| Business ABN: | Enter text | Business ACN: | | Enter text | |
| Head office address: | Enter text | | | | |
| Local office address: | Enter text | | | | |
| Contact name: | Enter text | | | | |
| Contact address: | Enter text | | | | |
| Contact email: | Enter text | | | | |
| Telephone: | Enter text | | Mobile: | | Enter text |
| South Australian business status | Yes  No | | | | |
| Does Your organisation meet the definition of a ‘South Australian business’ in relation to this procurement?  A business is considered a ‘South Australian business’ in relation to a procurement if:   * the business operates in South Australia, and * more than 50% of the workforce delivering the contract resulting from the procurement on behalf of the business are residents of South Australia.   Note: ‘Resident’ refers to an employee’s principal place of residence for taxation purposes. | | | | | |
| Service Category: | | | | | |
| Safety Auditing Services   * Review Legislative Compliance of Contract WHS Management Systems * On Site Safety Inspections * Work Site Specific Safety Reviews * Safety and Hazard Identification Audits * Critical Incident Investigations   Construction Risk Services   * Risk Assessment for Infrastructure Delivery projects | | | | | |
| The undersigned hereby applies for the Safety Auditing and Construction Risk Services Prequalification Scheme and declares that the information contained in this Submission is true and correct. | | | | | |
| Name of an authorised representative of the Applicant: | Enter text | | | | |
| Title: | Enter text | | | | |
| Signature: | Enter text | | Date: | | Enter text |
| Name of witness: | Enter text | | | | |
| Title: | Enter text | | | | |
| Signature: | Enter text | | Date: | | Enter text |

**Schedule M2: Agreement with the terms and conditions and insurance requirements**

|  |  |
| --- | --- |
| Terms and Conditions |  |
| Confirm that you agree to comply with the proposed Purchase Order Terms and Conditions as detailed in Attachment 1. | Yes  No |
| Public Liability Insurance |  |
| Certificate of Currency of Public Liability Insurance to $10 million attached to this response document | Yes  No |
| Date of Insurance expiry | Click or tap to enter a date. |
| Professional Indemnity Insurance |  |
| Certificate of Currency of Professional Indemnity Insurance to $1 million attached to this response document | Yes  No |
| Date of Insurance expiry | Click or tap to enter a date. |
| Other Insurance (if applicable) |  |
| Return To Work SA Certificate of Workers Compensation attached to this response | Yes  No |
| Date of Insurance expiry | Click or tap to enter a date. |

**Schedule S1: Demonstrated company experience and licenses**

|  |  |  |
| --- | --- | --- |
| Description | Applicant to provide details of demonstrated company experience and licenses relevant to the provision of safety auditing and / or construction risk services within road, rail, marine and / or building projects. | |
| Page limit: | A4 | Number of pages: Two per project (maximum five projects). |
| A3 | Number of pages: N/A. |

The Applicant is to provide details of demonstrated company experience in delivering safety auditing and / or construction risk services as specified in Section 3 of the Application Guidelines and provide copies of relevant licenses within road, rail, marine and / or building projects.

|  |  |
| --- | --- |
| Category | Safety Auditing Services  Construction Risk Services |
| Discipline | Road  Rail  Marine  Building |
| Project name: | [insert project title and name of client organisation] |
| Project details: | [insert project details including scope of work, deliverables, indicate if the project was delivered on time and within budget] |
| Contract fee: | [insert contract fee]  Please specify total contract value and value of services provided. |
| Project referee: | [insert title, name, address, e-mail, and telephone number of contact person at client organisation] |

\*Insert additional tables, as required.

**Schedule S2: Agreement to meeting the standards and legislative requirements of the service category**

|  |  |  |
| --- | --- | --- |
| Description | Applicant is to agree that they will conduct all services in accordance with the relevant standards and legislative requirements (where applicable). | |
| Page limit: | A4 | Number of pages: N/A. |
| A3 | Number of pages: N/A. |

The Applicant is to agree and acknowledge that the following standards will apply to each service category and that they will conduct all services in accordance with these requirements.

|  |  |  |
| --- | --- | --- |
| Safety Auditing Services | Work Health and Safety Act 2012 (SA) and Work Health Safety Regulations 2012 (SA) | Yes  No |
| Safe Work SA Codes of Practices | Yes  No |
| Job Safety Analysis (JSA) and Safe Work Method Statement (SWSM) specific to the work site and works being caried out | Yes  No |
| Legislation specific to the work site and works being carried out | Yes  No |
| Department guidelines including the Department’s Minimum Construction Safety Standards | Yes  No |
| Construction Risk Services | Department’s Master Specification PC-PM4 Risk Management | Yes  No |
| DP086: Risk Management Policy | Yes  No |
| ISO 31000:2018 Risk Management Guidelines | Yes  No |

**Schedule S3: Qualifications, trainings, and experience of key personnel**

|  |  |  |
| --- | --- | --- |
| Description | Applicant to detail the qualification, training, experience and expertise of key personnel and their role in the nominated category.  Personnel CVs must include the following:   * name; * title; * base location (SA resident or non-SA resident); * relevant category experience and linked to projects in S1 Demonstrated company experience (where applicable); * Advanced Diploma in Work, Health and Safety (or equivalent) for Safety Auditing Services; * Certified Risk Manager (or equivalent) for Construction Risk Services; * other relevant qualifications, trainings and / or skills; and * referee. | |
| Page limit: | A4 | Number of pages: Two per CV (no limits to the number of CVs) |
| A3 | Number of pages: N/A. |

The Applicant is required to provide personnel CVs including the details below. CVs must be provided for all nominated personnel.

Nominated personnel must have at minimum, an Advanced Diploma in Work, Health and Safety (or equivalent) for Safety Auditing Services or Certified Risk Manager (or equivalent) for Construction Risk Services. A copy of any qualification and / or training specified must be provided with this schedule.

|  |  |
| --- | --- |
| Category | Safety Auditing Services  Construction Risk Services |
| Discipline | Road  Rail  Marine  Building |
| Name: | [insert resource name] |
| Base location: | [SA based or non-SA based resident] |
| Title: | [insert resource title in the organisation and in accordance with the rate provided in Schedule F1] |
| Relevant experience: | [insert relevant experience and linked to projects in S1 Demonstrated company experience, where applicable] |
| Qualifications / Trainings / Skills | Advanced Diploma in Work, Health & Safety (or equivalent) for Safety Auditing Services  Certified Risk Manager (or equivalent) for Construction Risk Services  [insert details of other relevant qualifications, trainings and / or skills] |
| Referee contact details and role: | [insert referee details, including email and phone] |

\*Add additional tables, as required.

**Schedule F1: Schedule of Rates and Disbursements**

The disbursements requirements are:

* Airfare (must be economy fare), accommodation and transport will be reimbursed at cost.
* Disbursements for meals will be paid when travel is outside metropolitan Adelaide or assignment warrants an overnight stay (limit up to $85 including GST per day).

The Applicant is to match the personnel nominated in Schedule S3 to the roles tabled below. Rates are to be provided for the roles relevant to the category nominated. Rates must be inclusive of GST and in AUD.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Position / Role | Hourly Rate | Daily Rate | Weekly Rate |
| **Safety Auditing Services** | Principal |  |  |  |
| Safety Auditor |  |  |  |
| Technical Subject Matter Expert |  |  |  |
| Other Position / Role  (Please specify) |  |  |  |
| **Construction Risk Services** | Principal |  |  |  |
| Risk Facilitator |  |  |  |
| Technical Subject Matter Expert |  |  |  |
| Other Position / Role  (Please specify) |  |  |  |

**Attachment 1: Purchase Order Terms and Condition**

