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rehabilitation, hospital & home care equipment

## Registration requirements

Please fill out this form if you would like to apply for registration as a Service Provider to HenryCare (A & M Henry Pty Ltd) for Department of Veterans Affairs (DVA) minor mods work in NSW, outside of the Sydney metropolitan area. In NSW all this type of DVA work is contracted to HenryCare and we only allocate the work to registered Service Providers.

Registration will enable HenryCare to allocate work to you in regional areas, when an OT has not indicated any preferred Service Provider. This work is allocated by Local Government Area (LGA) according to your particular skill. The registration form asks which LGAs you want to work in and the type of work you do so this allocation process can operate. All work is issued subject to Standard Terms and Conditions as published on the HenryCare Website at the time of your acceptance of the work. These principally relate to Specification of Product to be used, Quality of Work, Timeliness of Performance, Insurance and Licensing.

Should you require any additional information please contact us on the above phone, fax or email.

Barrie Fitchett

Project Coordinator

## Service Provider Registration & Geographical Coverage

*Department of Veterans' Affairs – Minor mods contract - NSW*

### 1. Organisation / Organisation Principal Information

Trading Name: .....

Legal Entity Name: .....

ABN Number: ..... GST Registered? Yes  No

Legal Entity Type: Please circle below

Pty Ltd Company: Incorporated Body: Partnership/Sole: Trader: Other:.....

Postal Address: .....

Suburb / Town: ..... State ..... Postcode .....

Phone: ..... Fax .....

Email: ..... www. (web address).....

Main Contact Person: .....

Best Way to contact (Method & Number: .....

Other Contact Names: .....

**2. Technical & Trade Skills available**

Brief list of major skills available: .....

.....

.....

Prior experience with DVA Clients? Yes  how long ? (years) ..... No

Prior exp with Non DVA frail aged? Yes  how long ? (years) ..... No

**3. People, Trade / Non Trade skills & Equipment Resources**

**Yourself & Employed staff:**

Number of Trade/Non Trade staff:

Skills: Pls ✓ Handy work / rails  Electrical

Building & Constr  Plumbing

Other:  .....

Number of Admin staff:

Major specialised plant/equipment items:.....

.....

.....

**Non Employed / used by your organization or yourself:**

Number of Trade/Non Trade staff

Skills: Pls ✓ Handy work / rails  Electrical

Building & Constr  Plumbing

Other:  .....

**4. Registrations and Licenses**

Provide details of, and expiry dates of all statutory Registrations and Licences held by your organisation for example: Builders, Plumbing, Electrical, Gas, Dangerous goods, etc

Registrations			Licences		
Type	Number	Expiry Date	Type	Number	Expiry Date

**5. Insurances**

Policy Type	Insurer	Policy #	\$ cover	Expiry Date
Public Liability	.....	.....	.....	.....
Workers Comp	.....	.....	.....	.....
Sick / Accident	.....	.....	.....	.....
Other:.....	.....	.....	.....	.....
Other:.....	.....	.....	.....	.....
Other:.....	.....	.....	.....	.....

**6. Quality Management – please answer No if this does not apply**

Do you have a quality certification? Yes  No   
 If Yes – please describe .....

If no, are you proceeding to certification? Yes  No

If no, do you have a documented quality management system? Yes  No

If no to any of the above, what quality management process do you use? .....

.....

**7. Occupational Health & Safety (NSW OH&S Act 2000 & OH&S Regulations 2001)**

Does your company have a written Occ. Health & Safety (OH&S) Policy? Yes  No

Do you operate a complying Hazard Identification process? Yes  No

Do you operate a complying Risk Assessment process? Yes  No

Do you operate a complying Hazard Elimination and/or risk control process? Yes  No

Do you operate a complying Staff Consultation process? Yes  No

Do you operate a complying Incident Reporting & Investigation process? Yes  No

Do your work premises including place of work comply with the Regulations (Chapter 4) Yes  No

If 'No' how do you comply with the Acts and Regulations? .....

.....

Have you had any 'notifiable incidents' in the last 3 years? Yes  No

**8. Staff Recruitment & Subcontractor engaged by you- please answer all**

Questions relate to all staff, including any staff of subcontractors you may engage from time to time

Do you use a documented recruitment / engagement process? Yes  No

Does your process cover the following?

- Previous employment history Yes  No
- Reasons for leaving Yes  No
- Referee checks Yes  No
- Legal impediment checks (Criminal Records etc) Yes  No
- Medical examination Yes  No
- Work Cover history Yes  No

Do you have a documented drug and alcohol policy? Yes  No

**9. Staff Training – please answer “no” if not applicable**

Do you have an employee induction program that includes OH&S training? Yes  No

Do you conduct on the job training? Yes  No

Do you have additional formal training programs? Yes  No

If so, how many hours per employee per year: .....

**10. Non-Staff Contractors (3rd Party Subcontractors) engaged by you**

Do you ensure they have required Registrations and Licences? Yes  No

Do you ensure they have sufficient Public Liability Cover? Yes  No

Do you ensure they have required Workers Compensation Cover? Yes  No

Do you ensure they have all insurance cover required? Yes  No

Can they answer yes to all OH&S questions above? Yes  No

Can they answer yes to all staff recruitment questions above? Yes  No

**11. Non HenryCare Employee Status**

It is not our intention that Parties to any Agreement or staff become part of HneryCare staff for NSW / ACT Payroll Tax and Workers Compensation or Federal PAYG and superannuation etc purposes.

Do you currently do this type of DVA work on more than 90 days per year? Yes  No

**12. Invoicing/Accounting;**

*We require all Service providers to issue "Complying Tax invoices".*

Will you always submit "Complying Tax Invoices ? Yes  No

*We require an invoice per job split between Labour & Materials .*

Are you able to meet this requirement ? Yes  No

**Indicative Charge out rates for next 12 months**

Labour Hourly Rate .....

Time units charged: eg per 10 mins, per 15 mins, per 30 mins etc .....

Materials pricing policy .....

Do you charge a minimum fee? Yes  No

If Yes: How much: \$.  
How much time on the job does this include: .....

How do you charge for travel over 50kms.....

Accounting System Used .....

**13. Geographical Coverage**

We normally allocate work based on **Local Government areas**. Could you please indicate below which Local Government areas your services would cover.

.....

.....

.....

.....

.....

If you require maps for Local Gov areas, we can be email you a digital copy or you can download them directly from the Department of Local Gov web site at [www.dlg.nsw.gov.au](http://www.dlg.nsw.gov.au)

**15. General information about the new DVA process**

Our website. [www.henry.com.au](http://www.henry.com.au) contains general information about the new process for DVA work. On the left hand side bar there is a section called "DVA information. This has a number of downloadable documents such as standard terms and conditions and updates on what is happening. Over time it will be expanded to be a resource area to access information from other Service Providers on better ways to do jobs and where to get the best prices for materials. HenryCare has already entered discussion with a number of suppliers to ensure you can access grabrails at the best possible prices.

**14. Bank Account for Payment**

Payment is made once we have received payment from the DVA. This will normally be 45 days from receipt of your invoice. We plan to make payments by direct bank transfer. Could you please supply the following Bank details.

Account Name: .....

BSB (6 numbers) .....

Account Number: .....

Bank Name: .....

Branch Name: .....

If you do not wish to be paid by direct transfer please indicate preferred payment method below:

.....

**15. Declaration & Acceptance**

I declare the information supplied to be true and I am authorised to supply this information on behalf of the nominated organisation and in signing accept the HenryCare Conditions :

Signed for the Company: ..... (Name)

Position in Company: .....

Signature: ..... Date:.....

***Important Information:***

*Prior to commencement of any work, a copy of all documentation referred to in this checklist will need to be sighted by HenryCare. It is a condition of continuing work that compliance be maintained with the standard Terms & Conditions as published on our website at the time of any job being accepted and all registrations, certificates and insurances be current.*

*All Service Providers to HenryCare are required to comply with HenryCare procedures when visiting client sites and to complete all HenryCare documentation as required by HenryCare. On site procedures for HenryCare Subcontractors (Service Providers) are posted on the HenryCare website ([www.henry.com.au](http://www.henry.com.au)) or are available from HenryCare on request.*

*This form is not a Contract with HenryCare and HenryCare does not provide any contractual basis for ongoing work. HenryCare will allocate work to Service Providers on a casual basis only, as and when determined by client work requests.*

*All HenryCare systems, procedures and documentation are confidential to the Service Provider and HenryCare and can not be copied or duplicated or disclosed to any third party without the written permission of HenryCare.*