

Approved Contractor - Form 1



Gore District Council Contractor and Sub-Contractor

The Health and Safety at Work Act 2015 requires the Gore District Council (GDC) to work with contractors and subcontractors to ensure the safety of all workers and others (volunteers, members of the public, etc.).

Prior to commencing any contracting or subcontracting for the Council, you must be an approved contractor. The Council has committed to using the pre-qualification system Sitewise to rate our contractors' health and safety system (see the Contractor Handbook for more information).

Council approved contractors will be reviewed annually or as required to ensure information is up-to-date. We expect contractors to be forthcoming with any information that may affect their health and safety qualification/status.

Part A: Contractor Details

Business Name:	
Address:	
Contact person:	
Job Title:	
Email:	
Phone Number:	
Person of contact at GDC:	
Brief description of services your company provides GDC:	
The number of workers your company employees:	
Details of Health and Safety representative for your organisation:	

Part B: Pre-Qualification via SiteWise (or another provider)

	Yes	No
Are you pre-qualified on Sitewise? Please provide evidence.		
Are you pre-qualified with another provider?		
If yes, please state your score and details:		

Part C: Declaration

I agree to advise the Gore District Council of any changes in procedures, standards, performance, or key personnel during this approval period.

I agree to advise the Council of any interactions with Worksafe regarding any health and safety incidents my company has.

I will notify the Council of any incidents and near misses that occur while working on Council projects.

I agree to abide by the Council’s Contractor Handbook.

I understand I may be required to provide additional information to support my approved health and safety contractor status application.

I understand the information provided on this Health and Safety Approved Contractor form will be collected and held by the Health and Safety Coordinator.

To the best of my knowledge, the answers to the questions in this application are correct and I understand that if any false information is given or any material fact suppressed on this application form, the company may not be accepted or if the company is already health and safety approved, this status may be revoked.

Name:	
Position:	
Date:	
Signed:	