Consultant PQC Form 1—Applicant Details

Print Form Reset Form

Each section is numbered—refer to the **Consultant PQC: Application Guide** for detailed instructions.

1.1 Applicant details

Name of applicant

Trading Name (only where applicable)

Australian Business Number (ABN)

Australian Company Number (ACN) (only where applicable)

Web address (URL)

Average turnover (past 2 financial years)

1.2 Project specific consortia

Is the Applicant interested in forming or participating in a project specific consortium if the Applicant does not meet the prequalification requirements to undertake a commission associated with the project in its own right? ☐ Yes ☐ No

1.3 Human resource schedule

Main Office (city/town)	Number of employees
Other Queensland office locations (city/town)	
Total Queensland workforce	
Total workers interstate	
Total workers overseas	
Total workforce	

1.4 Insurances

Professional indemnity (provide certificate)

Policy holder

Insurer name

Policy expiry date

Policy number

Value of Cover ($A)

Public liability (provide certificate)

Policy holder

Insurer name

Policy expiry date

Policy number

Value of Cover ($A)

Workers Compensation

Does the Applicant employ any wokers as defined in the *Workers' compensation and Rehabilitation Act 2003*?

☐ Yes (if 'yes' please provide certificate of currency)

☐ No

Workcover policy number or self-insurance licence number.

1.5 Prequalification history

Registration or prequalification with other clients or authorities

Has the Applicant (including any Partner or any Significant Individual of the Applicant) had an application for the PQC System Registration declined?

☐ Yes (if 'yes' provide details below)

☐ No

Applicant name

Date application lodged

Is the Applicant (including any Partner or any Significant Individual of the Applicant) currently registered on the PQC system?

☐ Yes (if 'yes' provide details below)

☐ No

Registrant name

1.6 Propriety

Has the Applicant (including any Partner) or any significant individual ever:

a) been declared bankrupt, or assigned their estate, or entered into a Deed of composition or arrangement with their creditors? ☐ No ☐ Yes

b) been a company or director of a company that has been placed in receivership/liquidation, under official management or under a scheme of arrangement? ☐ No ☐ Yes

c) been in a management role within any organisation that experienced events covered by (a) or (b)? ☐ No ☐ Yes

d) been convicted of a criminal offence relating to the conduct of any organisation? ☐ No ☐ Yes

e) had a Queensland Government contract terminated? ☐ No ☐ Yes

If 'yes' to any of the above, provide details below and/or attach additional information

Full name

Details

Full name

Details

Full name

Details

Full name

Details

1.7 Compliance

Has the applicant ever:

Had any adverse court or tribunal decision for a breach of workplace relations law, occupational health and safety law, or workers' compensation law in the two years preceding the date of this application? ☐ Yes ☐ No

Had any enforceable undertakings relating to workplace relations law, occupational health and safety law, or workers' compensation law in the two years preceding the date of this application? ☐ Yes ☐ No

Had any orders from any court or tribunal decisions the applicant has not fully complied with relating to a breach of workplace relations law, occupational health and safety law, or workers' compensation law? ☐ Yes ☐ No

Had any enforceable undertakings the applicant has not fully complied with relating to workplace relations law, occupational health and safety law, or workers' compensation law? ☐ Yes ☐ No

If 'yes' to any of the above, provide details below and/or attach additional information.

Title

Contact name

Details