



**rehabilitation, hospital & home care equipment**

**Registration form: Service Provider to HenryCare  
 Maintenance Dept**  
**Residential Aged Care Facility (RACF) and Customer Breakdown Repairs & Maint**

**1. Company/Company Owner Information**

Legal Entity Name: .....

Trading Name: .....

Office Address: .....

ABN Number: ..... Company Principal: .....

Postal Address: .....

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

Phone: ..... Website:.....

Contact names: .....

.....

Mobile phone # : ..... Email: .....

**2. Technical & Trade Skills available**

Brief list of major skills in your company:

.....

.....

.....

.....

Prior experience with Residential Aged Care (RACF) Clients and older/disabled clientele Yes

If yes, how long ? (years) ..... No

Brief details of Aged Care experience: .....

.....

.....

.....

Who else do you sub contract to?

.....

.....



Quality  
 ISO 9001  
 SAI GLOBAL

**3. Staff & Equipment Resources**

Number of Staff employed: Tech  Supervisory  Admin

Testing equipment used by staff : (Computers - programable controllers etc)

.....

Electrical Test & Tag Capability Yes

**4. Registrations and Licenses**

Provide details of, and expiry dates of all statutory Registrations and Licenses held by your organisation required to perform the work (eg electrical registration):

Registrations			Licenses		
Type	Number	Expiry Date	Type	Number	Expiry Date

**5. Insurances**

Work Cover	Insurer	Policy No.	Expiry Date

Public Liability	Insurer	Amount	Expiry Date

Product Liability	Insurer	Amount	Expiry Date

Professional Indemnity	Insurer	Amount	Expiry Date

**6 Quality Management**

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, what quality management process do you use? .....

**7. Work Health & Safety (NSW WH&S Act 2000 & WH&S Regulations 2001)**

Do you have Work Safety Methods Statements (WSMS)? Yes  No

Can you generate Work Safety Methods Statements (WSMS) if required? Yes  No

Have your staff completed WH & S training? Yes  No

Do you operate a complying Hazard Identification process? Yes  No

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

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

**8. Staff Recruitment**

Do you use a documented process ? Yes  No

Does your process cover the following:

- Previous employment history Yes  No
- Reasons for leaving Yes  No
- Referee checks Yes  No
- Work Cover history Yes  No
- Legal impediments - other Yes  No

Do all your staff have mandated Police checks for

- Aged Care Act Yes  No
- Working with Children Yes  No

Are all staff able to comply with mandated flu vaccination requirements Yes  No

**9. Staff and Non Staff Training**

Do you conduct on the job training ? Yes  No

Do you have formal training programs ? Yes  No

.....



**10. Invoicing/Accounting**

GST Registered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complying Tax Invoices will be submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to submit invoices within 24 hours of job completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**11. Technology Compliance**

Are you able to receive work orders via email Yes  No

Are you able to advise real time work updates from site using mobile technology Yes  No

What type of office computer, operating system and browser do you use  
.....

What versions of operating system / browser do you use  
.....

What brand of mobile technology do you do you use Android  Apple   
.....

**Important Notes:**

*Prior to commencement of any work, a copy of all documentation referred to in this checklist will need to be sighted by HenryCare Pty Ltd. It will also be a condition of continuing work that compliance be maintained with conditions outlined in an agreement between the parties and certification 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 or are available from HenryCare on request.*

This application form and your subsequent acceptance into the HenryCare Network is not a Contract with HenryCare. HenryCare does not provide any contractual basis for ongoing work but will allocate work to Service Providers on an as required basis, as and when determined by HenryCare client work requests. All HenryCare systems, procedures and documentation are confidential to the Service Provider and are HenryCare Intellectual property. They can not be copied or duplicated or shared with 3rd parties without the written permission of HenryCare.

NOTE: Any repair work found necessary during the Servicing that has not been outlined on the work order requires **additional approval from the Henrycare Maint office**. A new work order will be issued. You can facilitate this approval process by, prior to undertaking such work, have, the work and / part required, to be approved by an authorised on site person (Director of Nursing, Care Manager, Maintenance Manager etc) that has been advised on the original HenryCare Work Order and passing this information on to Henrycare when seeking approval.

You will not be paid for any additional work unless you call the HenryCare Maintenance Department and obtain an additional work order (number).



**HenryCare conditions are accepted by signing below.**

SIGNED for the Company: \_\_\_\_\_(Name)

POSITION in Company: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_