

HENRYCARE PTY LTD
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NSW 2223 AUSTRALIA



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www.henry.com.au

rehabilitation, hospital & home care equipment



Quality
ISO 9001

SAI GLOBAL

Registration Application Form

Please fill out this form and fax it back to HenryCare if you wish to apply for registration as an Accredited Service Provider to HenryCare Pty Ltd for Department of Veterans Affairs (DVA) minor home mods work, outside of the Sydney metropolitan area. HenryCare manages the DVA home mods contract throughout Australia for our service partners Paraquad and Allianz Global Assist (Mondial) and we only allocate the work to registered and accredited Service Providers.

Registration will enable HenryCare to allocate work to you, when an OT has not indicated any preferred Service Provider. This work is currently 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 dva@henry.com.au.

Therese Hammond

OT Services

Phone Direct 8799 3815

Mobile: 0403 359 763

Service Provider Registration & Geographical Coverage
Department of Veterans' Affairs – Minor mods contract - All States

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. Prior DVA / Frail Aged experience

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 & your Employees: | Sub Contractors |
| Number of Trade Staff: <input style="width: 50px;" type="text"/> | Number of Sub Contractors <input style="width: 50px;" type="text"/> |
| Skills Available: | |
| | Pls ✓ |
| Handy work / rails <input type="checkbox"/> | Handy work / rails <input type="checkbox"/> |
| Electrical <input type="checkbox"/> | Electrical <input type="checkbox"/> |
| Building & Constr <input type="checkbox"/> | Building & Constr <input type="checkbox"/> |



Plumbing Plumbing
 Other:

Total Admin staff numbers:

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

4. Registrations and Licenses

Provide details of, and expiry dates of all statutory Registrations and Licenses 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 | | | | |
| Professional Indem | | | | |
| 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. Work Health & Safety (NSW WH&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 (eg Criminal Records check)

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 HenryCare 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”.

Can you meet the requirement to 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 (builders mark up applied)

Do you charge a minimum / call out fee?

Yes

No

If Yes:

How much:

\$.....

Does this include any on the job time

Yes

No

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

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 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

15. General information about the new DVA process

Our website. 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. Payments are made weekly and you can plan on this being approximately 35 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) or are available from HenryCare on request.

This application 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.