



CONTRACTOR REGISTRATION & INDUCTION

PF244

Completion of this form is required before a company can be placed on the UQ Property and Facilities (P&F) Contractor Register and allowed to commence work for or on behalf of P&F on any UQ buildings or grounds. **NOTE**: *Attach additional name or licence information, if required.*

Company Details (Please print clearly):							
Company Name:		ABN No.:					
Postal Address:		Suburb / City / Post Code:					
Physical Address:		Suburb / City / Post Code:					
Contact Phone No.:		Fax No.:					
Main Contact Name:		Position Title:					
Phone No.:		Phone Ext:					
Email Address:		Web Address:					
Business Activity (Select one activity with a cross which one of the below best describes your business):							
☐ Air Compressors	☐ Cranes / Hoists	☐ Pest Control					
☐ Animal Handlers	☐ Demolition	☐ Plumbing & Gas Fitters	☐ Waste				
☐ Architect	☐ Earthmoving	☐ Pumps					
Asbestos/Haz. Materials	☐ Electrical	☐ RO Water					
☐ Autoclaves/Boilers	☐ Fencing	Roofing					
☐ Battery	☐ Fire Services	☐ Rope Access					
☐ Blinds/Curtains	☐ Fume Cupboards	☐ Scaffolding					
☐ Brick/Block Laying	☐ Furniture	Security					
Builders	Glaziers	☐ Signage					
☐ Building Mgt Systems	□HVAC	Stonemasons					
☐ Carpet/Vinyl	☐ Landscaping/Lawn Mowing						
☐ Civil Works	Lift	☐ Test and Tag Services					
Cleaning	Locksmith	☐ Tilers					
☐ Concreting	☐ Painting	☐ Traffic Consultant	Other:				
Office Use Only							
Induction completed on:	/ /						

Company Insurance	Please pri	nt clearly):				
Workers Compensation:	Policy No.	:	Expiry Date:	/ /		
Public Liability:	Policy No.	:	Expiry Date:	/ /		
Insurer's Company Name:			Insured Amount:			
Licences Held by Company (please attach certificate)						
Licence Type		Licence No.	Expiry Date			
			1	/		
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Contractor Declaration Below must be signed after attending and completing the P&F Contractor Induction. By signing the Contractor agrees to adhere to the P&F Occupational Health, Safety & Environmental policies and procedures. Name of person making declaration: Position of person making declaration: Signature: Date: NOTE: The contractor company will be registered with the University for a period of 24 months from the date of signing. UQ reference name:						
Office Use Only UQ contact confirmation. Ensure minimum insurance \$1						
☐ Confirm with UQ contact that	contractor is	s suitable for the work nominated.				

Please forward this completed form, along with the:

- Copy of the Business Licence;
- Copy of Workers Compensation;
- Copy of Third Party Liability Insurance.

To: Health & Safety Co-ordinator Prentice Building (42)

The University of Queensland 4072

Ph: 3346 9268 hsc@pf.uq.edu.au

Further information on this process can be found at the Property & Facilities website: https://www.pf.uq.edu.au/contractors.