## REGISTRATION OF INTEREST – RESPONSE FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PROJECT DETAILS [Guide Note: Project Manager to complete – DELETE GUIDE NOTE]** | | | | | | | | | | | | | | | | | | |
| **Project:** | | | |  | | | | | | | | | | | | | | |
| **Project Number:** | | | |  | | | | | | | | | | | | | | |
| **CLIENT’S CONTACT INFORMATION [Guide Note: Project Manager to complete – DELETE GUIDE NOTE]** | | | | | | | | | | | | | | | | | | |
| **Client’s Contact Officer:** | | | |  | | | | | | | | | | **Phone:** | |  | | |
| **Email:** | | | |  | | | | | | | | | | **Fax:** | |  | | |
| **SUBMISSION DETAILS [Guide Note: Project Manager to complete – DELETE GUIDE NOTE]** | | | | | | | | | | | | | | | | | | |
| **Lodgement Address:** | | | |  | | | | | | | | | | | | | | |
| **Time for Response:** | | | | 2.00 pm on ……/……/20…… | | | | | | | | | | | | | | |
| RESPONSE | | | | | | | | | | | | | | | | | | |
| **To (Client):** | **[Guide Note: Project Manager to insert – DELETE GUIDE NOTE]** | | | | | | | | | | | | | | | | | |
| I / We |  | | | | | | | | | | | | | | | | | |
| Legal name in BLOCK LETTERS of the Respondent (Individual, Partners, Company or Trustee) (also include trading name or registered business name if applicable) | | | | | | | | | | | | | | | | | |
| being a public\* / private\* company incorporated in  (\*delete one) | | | | | | | | |  | | | | | | | | |
| ACN: |  | | | | | | | ABN: | | |  | | | | | | | |
| Registered Office Address(es): | |  | | | | | | | | | | | | | | | | |
| QBCC License No.  (if applicable): | |  | | | | | | | QBCC License Category (if applicable): | | | | | |  | | | |
| PQC Registration No. (if applicable): | |  | | | | | | | Restrictions/ Conditions (if any): | | | | | |  | | | |
| Other Licence/ Registration/ Qualifications: | | |  | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | Fax: | | | |  | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | |
| State or Territory in which Business/ Corporation/ Individual is registered: | | | | | |  | | | | | | | Registered for GST: | | | | | **Yes**  **No** |
| Name of Holding Company/ Corporate Group: (if applicable) | | | | | | |  | | | | | | | | | | | |
| hereby submit this response for the above Project in accordance with the terms, conditions and requirements contained in the Registration of Interest. | | | | | | | | | | | | | | | | | | |
| **Conflict of Interest Declaration**  Does the Respondent have a declaration to make in relation to matters referred to in clause 9 of the Conditions?  *(If the Respondent has answered “yes”, the Respondent must provide details to the Client’s Contact Officer in accordance with clause 9 of the Conditions.)* | | | | | | | | | | | | | | | | | | (tick one)  **Yes**  **No** |
| **Domestic and family violence policy**  The Queensland Government is committed to ending domestic and family violence. Through its response to the Not Now, Not Ever report, government recognises that addressing domestic and family violence requires a whole community coordinated response. This means not just government but also businesses, community groups and every individual taking responsibility for creating cultural change. | | | | | | | | | | | | | | | | | (tick one) | |
| 1. Does the Respondent have zero tolerance to domestic and family violence? | | | | | | | | | | | | | | | | | **Yes**  **No** | |
| 1. Does the Respondent have a workplace response supporting employees affected by domestic and family violence? | | | | | | | | | | | | | | | | | **Yes**  **No** | |
| 1. Does the Respondent have a workplace approach to preventing or addressing domestic and family violence? | | | | | | | | | | | | | | | | | **Yes**  **No** | |
| 1. Does the Respondent have any formal policies, strategies, and practices in place aimed at preventing or addressing domestic and family violence? (If yes, attach copies of the document/s) | | | | | | | | | | | | | | | | | **Yes**  **No** | |
| **Warranty not to supply Dumped Goods**  By its signature on this Response Form, the Respondent warrants that, if awarded a Contract for this Project, it will not supply ‘dumped goods’ to the Queensland Government during the Contract term. | | | | | | | | | | | | | | | | | | |
| **Ethical Supplier Threshold**  (The Respondent must respond to the Ethical Supplier Threshold criteria included below. Responses should only include matters from the previous 5 years, starting from 1 August 2019) | | | | | | | | | | | | | | | | | | |
| Since 1 August 2019, has the Respondent: | | | | | | | | | | | | | | | | | | (tick one) |
| 1. contravened a civil remedy provision of Chapter 2 or Chapter 3 of the *Fair Work Act 2009* (Cth), or committed an offence against the *Fair Work Act*? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. contravened a civil remedy provision of Chapter 2, 3, 4, 5, or 7 of the *Industrial Relations Act 2016* (Qld), or committed an offence against the *Industrial Relations Act*, or failed to pay employment related levies, or other payments, established under Queensland legislation? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. failed to make superannuation contributions on behalf of employees in accordance with law? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. purported to treat employees as independent contractors, where they are not? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. required persons who would otherwise be employees to provide an Australian Business Number so that they could be treated as independent contractors? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. engaged persons on unpaid work trials or as unpaid interns, where they should be treated as employees? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. entered into an arrangement for the provision of labour hire services with a person who is not licensed under the *Labour Hire Licensing Act 2017* (Qld), or a supplier who is an unlicensed provider under the *Labour Hire Licensing Act*? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. paid employees’ wages below those provided for in an applicable modern award (including for people with disability, ‘suppliers’ must provide award-based wages (using the Supported Wage System where appropriate))? | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| **Warranty to comply with Queensland Procurement Policy and Ethical Supplier Threshold**  By its signature on this Response Form, the Respondent warrants that:   1. the Respondent’s responses to the Ethical Supplier Threshold criteria are true and correct; and 2. if, at any time after the Respondent makes an ROI Submission, the Respondent’s responses to the Ethical Supplier Threshold criteria are no longer true and correct for any reason, the Respondent will promptly notify the Client’s Contact Officer of the change to the Respondent’s response. | | | | | | | | | | | | | | | | | | |
| **Warranty to comply with the Queensland Government Supplier Code of Conduct**  By its signature on this Response Form, the Respondent:   1. acknowledges that:    * 1. the Queensland Government wants to work with ethically, environmentally and socially responsible suppliers;      2. the Supplier Code of Conduct sets out the standards and expectations government has of suppliers who want to work with it;      3. the standards and expectations set out in the Supplier Code of Conduct do not limit, alter or supersede any obligations of the Respondent under a subsequent contract or at law;      4. to ensure that the Supplier Code of Conduct remains current and relevant, it may be amended or updated by the Queensland Government; and      5. the Respondent is responsible for checking for updates and amendments to the Supplier Code of Conduct. 2. confirms that:    * 1. the Respondent understands the Queensland Government’s standards and expectations of suppliers as set out in the Supplier Code of Conduct;      2. the Respondent meets and will continue to meet the Queensland Government’s standards and expectations as set out in the Supplier Code of Conduct, including as may be updated or amended;      3. the Respondent will raise concerns or otherwise seek clarification in relation to any aspects of the Supplier Code of Conduct, including any updates or amendments to the Supplier Code of Conduct; and      4. the Respondent will make all reasonable efforts to ensure its supply chain is ethical, compliant with the Supplier Code of Conduct and not complicit in practices that may exploit human rights or constitute modern slavery, including taking appropriate measures to assess and address supply chain risks. | | | | | | | | | | | | | | | | | | |
| **Signed by:**  (Must be completed if Respondent is a sole trader, individuals in a partnership or persons trading under a business name. Witness to sign and print name.) | | | | |  | | | | | | |  | | | | | | |
| Name of Respondent | | | | | | | Signature of Respondent | | | | | | |
| on the …… day of …………… 20…… | | | | | | | | | | | | | |
| In the presence of: | | | | |  | | | | | | |  | | | | | | |
| Name of Witness | | | | | | | Signature of Witness | | | | | | |
| **OR** | | | | | | | | | | | | | | | | | | |
| **Signed by:**  (Must be completed if Respondent is a company, including companies offering under a business name. Company to sign in accordance with its Constitution.  Where signature is that of an agent, written authority from Respondent is to be included with the Response Form.) | | | | |  | | | | | | |  | | | | | | |
| Name of Company | | | | | | | ACN | | | | | | |
| In accordance with section 127 of the *Corporations Act 2001* (Cth) by: | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| Signature of Director/Secretary | | | | | | | Signature of Director | | | | | | |
|  | | | | | | |  | | | | | | |
| Name of Director/Secretary | | | | | | | Name of Director | | | | | | |
| on the …… day of …………… 20…… | | | | | | | | | | | | | |
| **Privacy Statement:** The Client is collecting the personal information on this Response Form for the purposes of the ROI Response and any subsequent invitation to offer that may arise. The information may be used in accordance with the provisions of the ROI. Any personal information included on this Response Form may be disclosed to the evaluation panel and their advisors but will not be disclosed to any other third party without the Respondent’s consent unless authorised or required by law or stipulated in the ROI. Personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld).  The Client is also collecting the personal information on this Response Form for the purposes of determining the Respondent’s compliance with the Ethical Supplier Threshold and the Ethical Supplier Mandate in respect of the ROI Response and any subsequent invitation to offer that may arise. Any personal information included on this Response Form may be disclosed to the Queensland Government Procurement Compliance Branch within the Department of Energy and Climate and the Tripartite Procurement Advisory Panel for compliance purposes. | | | | | | | | | | | | | | | | | | |

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| **RESPONSE DETAILS [GUIDE NOTE: Example only, Project Manager to complete]** | |
| **Is your organisation interested in tendering for the Principal Consultant Services for the Project?** | **Yes**  **No** |
| **Does your organisation have an architect that is registered with the Board of Architects of Queensland (BOAQ)?**  **If yes, please provide the BOQA registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes**  **No** |
| **Is your organisation registered on the Queensland Government Prequalification System (PQC) at service risk level [insert]?**  **If yes, please provide the PQC number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes**  **No** |
| **If the answer to question 3 above was ‘No’, please confirm your intention to become registered on the Queensland Government Prequalification System (PQC) to the required service level.** | **Yes**  **No** |
| **Having regard to the Project Information, does your organisation have in-house capability and experience to deliver the Project.** | **Yes**  **No** |
| **Does your organisation have an Environmental Management System to AS/NZS ISO 14001?** | **Yes**  **No** |
| **Does your organisation have a Certified Quality Assurance System to AS/NZS ISO 9001?** | **Yes**  **No** |
| **[Further queries to be completed by project team]** |  |