Supplier expression of interest form

Potential applicants to become a preferred supplier of goods and services to Harrow Bush Nursing Centre (HBNC) are invited to complete this expression of interest form. If your submission is successful you will be advised in writing of your inclusion on the HBNC preferred supplier list.

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| BUSINESS DETAILS | | | |
| Business name |  | | |
| ABN |  | ACN |  |
| Contact name |  | | |
| Address |  | | |
| Phone no. |  | Mobile no. |  |
| Email |  | | |
| Website |  | | |

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| HAVE YOU PREVIOUSLY BEEN A SUPPLIER TO HBNC? *(Please tick)* YES NO |
| *If yes, describe what type of supply and when?* |
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| NATURE OF PROPOSED SUPPLY *(Briefly describe the type of goods and/or services offered by your business)* | | | | |
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| QUALIFICATIONS *(if applicable)* | | | | |
| Qualification |  | Year completed | |  |
| Licence no. |  | |
| Qualification |  | Year completed | |  |
| Licence no. |  | |
| Qualification |  | Year completed | |  |
| Licence no. |  | |

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| RELEVANT EXPERIENCE *(List any examples which highlight your suitability as a preferred supplier to HBNC)* |
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| REFERENCES *(List at least three)* | | |
| Name | Description of supply or works completed | Contact no. |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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| FEATURES OF PROPOSED SUPPLY *(Please complete the following)* |
| Can your business commit to a reasonable response time to an urgent request? YES NO  What length of time? < 1 day < 2 days < 3 days Other……………………………… |
| Can your business commit to a reasonable response time to a non-urgent request? YES NO  What length of time? < 1 week < 2 weeks < 3 weeks Other……………………………… |
| Does your business offer competitive pricing comparable within your industry? YES NO  Comment………………………………………………………………………………………………………….  Are your charges fixed or variable dependant on job/product? Fixed Variable  If you are a service type business please give a breakdown of your pricing structure –  Travel charged Per hour Per Km Other *(specify)*…………………………… Amount $.......................  Labour charged Per hour Other *(specify)* ………………………………………………. Amount $....................... |
| Does your business offer a delivery service to the Balmoral area? YES NO N/A  At what additional cost, if any?..................................................................... |
| Does your business offer emergency call out assistance? YES NO N/A  At what additional cost, if any?..................................................................... |
| Does your business offer an after-hours call out service? YES NO N/A  At what additional cost, if any?..................................................................... |

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| ADDITIONAL COMMENTS BY APPLICANT |
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| STATEMENT BY APPLICANT |
| *I have*   * completed this document truthfully   *I agree to*   * notify HBNC of any change to the information I have provided in this document * undertake a site induction if required to do so   *I understand that*   * HBNC may vary or cancel any decision it makes if the information I have given is found to be incorrect, incomplete, false or misleading * submission of this expression of interest form does not guarantee acceptance of my application   Name Signature Date |

Privacy statement

The information on this form is collected for the purposes of assessing your suitability for inclusion on the HBNC preferred supplier list. The information you provide will not be disclosed to a third party without your consent, unless disclosure is authorised or required by law. For further detail please request a copy of the HBNC privacy policy from administration.