



# QUESTIONNAIRE

## SELF EMPLOYED/CONSULTANT PRE QUALIFICATION

The Health and Safety at Work Act (HSWA): 2015 requires a Person Conducting a Business or Undertaking (PCBU) to ensure so far as is reasonably practicable, the health and safety of workers who work for the business or undertaking, or workers whose activities in carrying out work are influenced or directed by the PCBU, while carrying out work.

A worker includes:

- An employee; or
- A contractor or subcontractor; or
- An employee of a contractor or subcontractor.

Pre-qualification is the assessment of how a contractor (Self-employed/Consultant) manages risk in the workplace.

Please complete this questionnaire and return with all required information to:

South Taranaki District Council

Private Bag 902

Hawera 4640

Attention: Health and Safety Advisor

Email: [healthandsafety@stdc.govt.nz](mailto:healthandsafety@stdc.govt.nz)

### 1. Applicant Details

1.1 Company Name

1.2 Contact Details

  

Postal Address

  

Physical address

1.3 Contact Person

(Senior health and safety officer)

( )

Phone

( )

Mobile

( )

Fax

Email

1.4 Work Type

1.5 Number of Employees

1.6 Council Contract Manager

1.7 Give a brief and general description of the capabilities and types of service your company provides.

## 2. Health and Safety Policy and Management Commitment

- 2.1 Are you fully aware of your requirements under the HSWA and associated regulations?  Yes  No
- 2.2 Will you adhere to the STDC contractor's agreement?  Yes  No
- 2.3 Will you advise if scope of work changes prior to starting any work?  Yes  No

## 3. Workplace Hazards

- 3.1 Please identify any risk that is likely to be introduced by the work you are planning to undertake or in relation to your activities while at any STDC worksite.

*Please attach information regarding how those risks will be managed (e.g. Job Safety Analysis (JSA), Procedures, Guidelines, Qualifications, etc.)*

## 4. Training, Skills, Experience and Competence

- 4.1 Please attach evidence of skills/training/qualifications particular to the work to be performed (e.g. First Aid, Site Safe, Confined Space, Chemicals, Working at heights, etc.)

- 4.2 Will you be managing physical work or projects on behalf of STDC?  Yes  No  
*If yes, please provide details.*

- 4.3 Have you received training in the Council's contractor management processes?  Yes  No  
*If no, you will be required to attend a STDC Contractor Induction and training session held annually.*

## 5. Insurance

- 5.1 Please provide current certificates of insurance for the following policies that relate to your business;
- Public Liability or General Liability Insurance (minimum cover of \$2m).
  - Motor Vehicle Insurance.
  - Professional Indemnity Insurance if applicable (minimum cover of \$2m).

**6. Applicant's Declaration**

6.1 Will you be managing physical work or projects on behalf of STDC?  Yes  No  
*If yes, please note: Any person managing a STDC Physical Work Contract must know and abide by the Council's Contract Management Processes and the Health and Safety at Work Act 2015, regarding duties of overlapping PCBUs.*

6.2 We have read and understood the STDC Health and Safety Questionnaire and Agreement, and agree to comply in good faith with

/ /

Signature

Date

Full name (print clearly)

Position

Phone

Email

**OFFICE USE ONLY**

Application assessed by  / /

Signature

Date

Assessment



Satisfactory



Not yet satisfactory