Subcontractor Approval Form

All fields are **MANDATORY.** If any field is not populated, the form will be rejected.

Principal Contractor Details	
Contractor Name:	
Contract Number:	
Date:	

Subcontractor Details	
Subcontractor Business Name:	
Subcontractor ABN:	
Subcontractor Address:	
Subcontractors Directors Name/s:	
Subcontractor Directors Phone:	
Subcontractor Email Address:	

Subcontractor Insurance Policies	
Workcover - Insurer Name: Policy Number: Expiry Date:	
Public & Product Liability - Insurer Name: Policy Number: Amount of Coverage ($20M): Expiry Date:	
Plant & Equipment – Insurer Name: Policy Number: Expiry Date:	

Subcontractor General	
Subcontractor informed not to contract out works or resources (No 3rd Tier):	Please select an Option
Training records are maintained and monitored for all Subcontractors in ESI Worker	Please select an Option If no, provide reason why:

Principal Contractor:

Signed: _____ Name: _____ Date: _____

CitiPower/Powercor/United Energy Representative:

Signed: _____ Name: _____ Date: _____