

Work Health and Safety Accreditation Scheme

Contract Notification Form

|  |  |
| --- | --- |
| Department or Funding Recipient Name: |  |

# Department or Funding Recipient Contact Person

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

# Project Manager or Joint Venture consortium [if applicable]

|  |  |
| --- | --- |
| Name of Legal entity |  |

# Accredited Builder

|  |  |
| --- | --- |
| Company name (inc. ACN) |  |

# Builder representative contact person

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

# Building Contract details

|  |  |
| --- | --- |
| Contract value |  |
| Funding Federal Agency |   |
| Amount of Federal Funding? |  |
| Is the Federal Funding Direct or Indirect? | [ ]  Direct [ ]  Indirect |
| Award Date |  |

# Project details

|  |  |
| --- | --- |
| Title |  |
| Description |  |
| Location |  |
| Estimated start date |  |
| Estimated end date  |  |

Please return to: fscreporting@jobs.gov.au ----- Phone: 1800 652 500