



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? | <input type="checkbox"/> Direct <input type="checkbox"/> 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