

Level 3, 10-12 Brisbane Avenue
Barton ACT 2600
PO Box 5450
Kingston ACT 2604

AGRIFOOD
SKILLS AUSTRALIA



Phone: +61 2 6163 7200
www.agrifoodskills.net.au

ABN: 56 109 613 256

Consultants and Contractors Panel

Name: _____
Business Name: _____
ABN: _____
Email: _____
Mobile: _____
Work: _____
Daily Service Rate: _____
Hourly Service Rate: _____

Industries of Interest/Experience

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Rural & Related Industries | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Meat Processing | <input type="checkbox"/> Racing |
| <input type="checkbox"/> Food, Beverages & Pharmaceuticals | |

Preferred Work:

- | | |
|--|---|
| <input type="checkbox"/> Training Package Development | <input type="checkbox"/> Marketing Strategy Development |
| <input type="checkbox"/> Scoping Projects | <input type="checkbox"/> Support Materials Development |
| <input type="checkbox"/> Qualitative and/or Quantitative Research | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Economic & Demographic Data Collection & Analysis | <input type="checkbox"/> VET Policy Formulation |
| <input type="checkbox"/> Case Study development | <input type="checkbox"/> Career Pathways Development |
| <input type="checkbox"/> Writing Units of Competency | <input type="checkbox"/> Event Management |
| <input type="checkbox"/> Strategic/Business Planning | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Workplace English Language & Literacy | <input type="checkbox"/> Other (please specify): _____ |



Further information required:

Website: _____

Street address: _____

Postal address: _____

(Please circle appropriate response)

Profile attached: Yes / No

Company / Individual / Partnership

Insurance Information:

Professional Indemnity Insurance: **Yes / No**
Value: \$ _____ **Date Valid:** _____

Public Liability Insurance: **Yes / No**
Value: \$ _____ **Date Valid:** _____

WorkCover (if applicable): **Yes / No**
Value: \$ _____ **Date Valid:** _____

Please provide copies of the Certificate of Currency for each of the above as applicable.

Please supply brief information supporting your expertise in your preferred type of work area(s)



Declaration:

I / we _____

confirm that I/we have read, understand and agree to comply with AFSA's policies in relation to confidentiality, copyright, conflict of interest and privacy principles

Name: _____

Position: _____

Signed: _____ Date: _____

Please send completed form with any attachments to:

Vanessa.wells@agrifoodskills.net.au

Or Fax to 02 6162 0610