EOI to register as a Professional Service Provider
Form Preview

Contact Details

* indicates a required field

New Section

Applicant Name *
Title First Name Last Name

Name of Organisation *
Organisation Name

Position within the organisation

Street Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Email *

Must be an email address.

Email Confirmation *

Must be an email address.
PleasEnter email as per above

Phone Number *

Must be an Australian phone number.

What best describes your business? *
○ Sole Trader

○ Consultancy firm
○ Other:

Please indicate which of the following services you can offer:
☐ Finance
☐ Business planning
☐ Property development
☐ Risk analysis and assessment
☐ Partnership development
☐ Growth readiness
☐ Strategic asset management
☐ Feasibility
☐ NRSCH Registration Assistance
☐ Other:

Would your organisation like to join the Approved Provider Panel? *
○ Yes
○ No
If a provider is not currently on the Panel, they may apply to join as a way of offering their services more broadly. Alternatively, providers may complete this form to work directly with a CHP or ICHO without joining the Panel.

Compliance and Quality

* indicates a required field

Insurances and accreditations

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Plese provide the details of your insurance types below below:

Professional Indemnity Insurance

Provider Cover Amount $ Currency period

Public Liability Insurance

Provider Cover Amount $ Currency period

WorkCover

Provider Cover Amount $ Currency period

What accreditations, licenses or quality assurance frameworks do you operate under?

Conflict of interest

Please provide details of any perceived, potential or actual conflicts of interest you have in the format below:

Actual Conflict of Interest

Describe the conflict and explain how you propose to manage the conflict. If no conflict then enter "None"

Perceived Conflict of Interest.

Describe the conflict and explain how you propose to manage the conflict. If no conflict then enter "None"

Potential Conflict of Interest

Describe the conflict and explain how you propose to manage the conflict. If no conflict then enter "None"

Panel Membership or Direct Engagement

Are you currently a member of either the Federal or Queensland Government panel of professional service advisors? *

- ○ Yes
- ○ No

If you are not on the Federal or QLD Government panels, please advise which Community Housing Organisation you are recommended by:

Community Housing Organisation Name:
Organisation Name

Main contact at Community Housing Organisation:
First Name Last Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Do you wish to be listed on the Approved Professional Supplier Panel on the CHFP wesbite? *
- ○ Yes
- ○ No

Please provide any further comments:

Capability

* indicates a required field

Statements of Capability

Please provide a summary capability statement to illustrate capability and experience in the services nominated. *

What skills and experience do you have in the focus areas nominated? Please respond to the list provided in the guidelines. *

Demonstrate your understanding and experience of the operating environment and business model of community housing providers. Please include the number of years relevant industry experience you have. *

Please upload any documents in support of your application
Attach a file:

Please provide 2 references from professionals whom you have worked with in the last 2 years:

Reference 1:
Title First Name Last Name

Position

Email
Must be an email address.

Phone Number
Must be an Australian phone number.

Relationship / Nature of engagement

Reference 1:
Title First Name Last Name

Position

Email
Must be an email address.

Phone Number
Must be an Australian phone number.

Relationship / Nature of engagement

Please list the consultants who are available to offer services, their hourly rate and a link to their LinkedIn profile.

List these details: Consultant Name.....LinkedIn profile..... Hourly rate ex GST

If you wish to join the Approved Panel, does the applicant agree with the terms set out in the proposed agreement?

- ○ Yes
- ○ No
- ○

Please provide details of proposed amendments

Declaration

Declaration by Consultant

1. Declaration

By submitting this application,

I declare that the information provided is true and correct and acknowledge that false or misleading statements may result in removal from the professional services panel.

I confirm I am able to provide consultancy services in Queensland to Queensland-based organisations.

I understand that:

Acceptance on the panel is not a guarantee of being selected by organisations to undertake work. There is no guarantee of being engaged as a result of this application.

Consultants who complete projects or activities for community housing organisations will be required to complete an evaluation questionnaire as part of the program's evaluation.

Name

Date

Must be a date.