



Queensland Arboricultural Association

PO Box 327

Cleveland QLD 4163

PI 07 3821 1488 FI 07 3821 1788 EI office@qaa.net.au

www.qaa.net.au

Approved Contractors Register Application Form

This is an Application form for the Queensland Arboricultural Association (QAA) ABN: 25 184 006 967 to appear on the Approved Contractors Register:

Company Name:		
Person/s Present:		
Checklist:		
All of the below must be provided for review:		Compliance
<ul style="list-style-type: none"> Proof of 2 x AQF Certificate III in Arboriculture for all teams (<i>to include subject list</i>) + 1 crew member to possess AQF Units of Competency in Basic Tree Climbing and Aerial Rescue. Must be employed by the company. (all nominated individuals' qualifications must be sighted, print name/s below) 		<input type="checkbox"/>
1.		
2.		
3.		
<ul style="list-style-type: none"> AQF Units of competency in Basic Tree Climbing & Aerial Rescue. 		<input type="checkbox"/>
<ul style="list-style-type: none"> EWP Operators Ticket Referenced (where applicable) 		<input type="checkbox"/>
<ul style="list-style-type: none"> Course in General Safety Induction (Blue or White Card) 		<input type="checkbox"/>
<ul style="list-style-type: none"> First Aid Certificate (Apply First Aid minimum) 		<input type="checkbox"/>
<ul style="list-style-type: none"> Evidence of Ongoing Industry Training 		<input type="checkbox"/>
<ul style="list-style-type: none"> All relevant Insurances 		<input type="checkbox"/>
<ul style="list-style-type: none"> Workplace Health & Safety Policy 		<input type="checkbox"/>
<ul style="list-style-type: none"> Environmental Management Policy 		<input type="checkbox"/>
<ul style="list-style-type: none"> Up to date Vehicle Registrations/list of vehicles 		<input type="checkbox"/>
<ul style="list-style-type: none"> Completed Statutory Declaration stating all Employee Benefits are paid and up to date 		<input type="checkbox"/>
Additional Comments		Date:



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Declaration & Payment

By signing the below, the applicant confirms that they wish to join the Qualified Register of the Queensland Arboricultural Association and if accepted:

- Will observe the Association's Code of Ethics (a copy of which can be obtained via our office or the QAA website at www.qaa.net.au).
- Acknowledges that the use of the Association's name or logo in advertising or on personal or company stationary is only permissible whilst membership subscription dues remain current.

Applicant Full Name:			Signature:							
Payment Preference:	Credit Card: Please complete details below <input type="checkbox"/>	Direct Deposit: BSB: 124 054 Acct: 2260 1860 <input type="checkbox"/>	Cheque payable to: Queensland Arboricultural Association <input type="checkbox"/>							
Cardholder Name:				Expiry:	<input type="text"/>	<input type="text"/>	CCV:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature:

Thank you for supporting the Queensland Arboricultural Association