

SWAMS is setting up an Aboriginal Preferred Suppliers Directory to support Aboriginal businesses and make it easier for our teams to know who is out there. This EOI is a way for Aboriginal businesses to tell us about your services and where you work, so we can keep your details on file when opportunities come up.

Being listed does not guarantee work, but it helps us make fair and transparent decisions, and all SWAMS purchasing and procurement processes still apply.

- **For further information** – Have a yarn with the SWAMS Team P: (08) 9797 8111 | info@swams.com.au

SUPPLIER DETAILS			
Legal business name		Trading name (if different)	
Business structure	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> other: _____		
Registered business address			
Postal address (if different)			
Website			
PRIMARY CONTACT			
Contact name			
Position / role			
Phone			
Email			
ABORIGINAL BUSINESS DECLARATION AND EVIDENCE			
Does your business identify as an aboriginal business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Aboriginal ownership	
Names of Aboriginal owners / directors / key decision-makers:		Role	
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Evidence provided	Please attach at least one form of evidence (tick all that apply): <input type="checkbox"/> Aboriginal business declaration / statutory declaration <input type="checkbox"/> Certificate or registration with an aboriginal business register (if applicable) <input type="checkbox"/> ASIC extract showing ownership/control <input type="checkbox"/> Other supporting documentation (please specify): _____		

SERVICES OFFERED

Service Categories

Please tick all categories that apply:

- Trades / Construction / Maintenance
- Cleaning / Facilities / Waste
- IT / Data / Software / Telecommunications
- Training / Consultancy / Professional Services
- Cultural Consultancy / Community Engagement
- Catering / Events / Accommodation
- Printing / Design / Promotional Products
- Transport / Logistics
- Other (please specify): _____

Service Description

Provide a short description of the services your business provides
(This may be used for Directory listing purposes)

Regions Served

Please tick all that apply:

- Bunbury / Greater Bunbury
- Busselton / Dunsborough / Margaret River
- South West Region
- Mandurah / Bindjareb Region
- Wheatbelt
- Perth Metropolitan
- Statewide
- Remote / Regional WA

Capacity and Availability

How soon can your business commence work if engaged?

Are there any capacity limitations we should be aware of?

Do you use subcontractors? Yes No

If yes, please briefly describe how quality and compliance are managed:

LICENCES, REGISTRATIONS AND INSURANCES

Licences / Registrations (Attach copies where applicable)

Licence / Registration	Issuing Authority	Expiry Date

Insurance Coverage (Please provide current certificates of currency)

Insurance Type	Insurer	Policy No.	Coverage Amount	Expiry Date
Public Liability				
Professional Indemnity (if applicable)				
Workers Compensation (if applicable)				

REFEREES (Minimum one referee preferred)

Referee 1

Name:
Organisation:
Position:
Phone:
Email:

Referee 2 (optional)

Name:
Organisation:
Position:
Phone:

CONFLICT OF INTEREST (Mandatory)

Do you, or any owner, director or employee of your business, have any conflict of interest with SWAMS (including family or close personal relationships with SWAMS staff, management or Board members) or do you currently work for SWAMS or a partner organisation of SWAMS?

- No
 Yes – please provide details below:

CONSENT AND ACKNOWLEDGEMENT

Please read and acknowledge the following:

- I acknowledge that inclusion in the SWAMS Aboriginal Preferred Suppliers Directory does not guarantee work.
- I acknowledge that all SWAMS procurement processes, approvals and purchasing requirements continue to apply.
- I agree to maintain current licences, registrations and insurances while listed.
- I consent to SWAMS publishing approved business details for Directory purposes.

Preferred Directory Listing Contact Details

- Phone Email Website Business Address All

SUPPLIER AGREEMENT / DECLARATION

Signature block to be signed by the applicant

I declare that the information provided in this Expression of Interest is true and correct. I understand that SWAMS may remove my business from the Directory if information becomes inaccurate, compliance lapses, or risks arise.

NAME			
SIGNATURE		DATE	

SWAMS INTERNAL ASSESSMENT

For SWAMS use only

Initial assessment checklist	<input type="checkbox"/> Aboriginal business status verified <input type="checkbox"/> Evidence reviewed and acceptable <input type="checkbox"/> Licences verified <input type="checkbox"/> Insurance currency verified <input type="checkbox"/> Referees checked (if required) <input type="checkbox"/> Capability and capacity assessed
Risk / Limitations Identified	<input type="checkbox"/> None identified <input type="checkbox"/> Risks noted (detail below):
Conflict of Interest Review	<input type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict identified and managed in accordance with policy
Approval Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Not approved

	<p>Approved Service Categories:</p> <p>Approved Regions:</p> <p>Listing Conditions (if any): (e.g. regional only, referral-based, trial period)</p>		
APPROVED BY (NAME)		POSITION	
SIGNATURE		DATE	
SUPPLIER NOTIFICATION			
Confirm below has been completed.			
<p><input type="checkbox"/> Written notification sent to supplier</p> <p><input type="checkbox"/> Supplier advised that inclusion does not guarantee work</p> <p><input type="checkbox"/> Supplier advised procurement processes still apply</p> <p>Directory Listing Start Date:</p> <p>Insurance Expiry Dates Recorded:</p> <p>Next Review Due:</p>			