Technical Services Registration Scheme

Organisation Information

# Organisation information

Applicants are to provide a response and information for all items in this template.

## Date Established

When was your organisation established?

## Number of Employees

From the list below, identify the number of employees in your organisation (of the entity that is the Applicant to this Scheme).

1 - 19

20 - 100

101 - 200

200 +

In the table below, enter the number of employees according to their role and geographic location

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Regional NSW | Metro NSW | Other States & Territories | International |
| Management |  |  |  |  |
| Administration |  |  |  |  |
| Sales & Marketing |  |  |  |  |
| Technical |  |  |  |  |
| Service & Support |  |  |  |  |
| Total |  |  |  |  |

## Registered Office

Please provide the address of your organisations registered office and place of incorporation, together with the address of your organisations branch offices.

|  |  |
| --- | --- |
| Office address |  |
| Street Address |  |
| State/Territory |  |
| Postcode |  |
| Country |  |
| Contact Person (first and last name) |  |
| Position |  |
| Contact Phone |  |
| Contact Email |  |
| Web Address |  |
| Postal Address |  |

## Nature of Business

Briefly describe the industry or types of business you are involved in. Provide an overview of products and services, main operations and length of time of providing these services.

## Annual Turnover

What was your average annual turnover for the last 2 years (excluding GST)?

## Organisation Structure and Management Team

Please provide a chart showing your organisational, management and team structures

## Profile of Key Management Staff

Please provide profiles of your organisations key management team, include summary of work history, key projects, qualifications and tenure.

## Additional Material

If you would like to provide any additional material on your company or business profile e.g. brochures, portfolio, pamphlets, business cards, please attach with reference to 1.8.

## **Associated Entities**

Do you have any associated entities that may be engaged in the supply of nominated service categories?

Yes

No

If you have answered Yes

Copy and complete the table below for each entity and provide a chart showing the relationships between the Applicant and associated entities, including names of principals, directors and partners.

|  |  |
| --- | --- |
| Entity name |  |
| **ABN/ACN** |  |
| **Nature of business** | *Briefly describe the industry or types of business. If relevant, attach the business profile for the associated entity.* |
| **Business relationship** | *e.g. sub-contractor or agent* |