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[www.ibsa.org.au](http://www.ibsa.org.au)

## Consultants and Contractors Panel

**Name:** \_\_\_\_\_  
**Business name:** \_\_\_\_\_  
**ABN:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_  
**Work:** \_\_\_\_\_  
**Daily Service Rate:** \_\_\_\_\_  
**Hourly Service Rate:** \_\_\_\_\_

### Industries of Interest / Experience;

- |                                                        |                                                  |
|--------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Business Services             | <input type="checkbox"/> Financial Services      |
| <input type="checkbox"/> Cultural & Related Industries | <input type="checkbox"/> ICT                     |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Printing & Graphic Arts |

### 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"/> Group Facilitation             |
| <input type="checkbox"/> Economic & Demographic Data Collection & Analysis | <input type="checkbox"/> VET Policy Formulation         |
| <input type="checkbox"/> Case Study development                            | <input type="checkbox"/> Event Management               |
| <input type="checkbox"/> Writing Units of Competency                       | <input type="checkbox"/> Project Management             |
| <input type="checkbox"/> Strategic Planning                                | <input type="checkbox"/> PD Seminar Facilitation        |
| <input type="checkbox"/> Multicultural and/or special needs projects       | <input type="checkbox"/> Other: (Please specify) _____  |
-



**Further information required:**

**Website:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
\_\_\_\_\_  
**Postal address:** \_\_\_\_\_  
\_\_\_\_\_

*(Please circle appropriate response)*

**Profile attached:**            **Yes / No**  
**Company / Individual**

**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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Declaration:**

I/we \_\_\_\_\_ of \_\_\_\_\_ confirm  
that I/we have read, understand and agree to comply with IBSA's policies in relation to  
[confidentiality](#), [copyright](#), [conflict of interest](#) & [privacy principles](#)

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_