

Web address

www.

CAPABILITY QUESTIONNAIRE

So we better understand what your business needs are, please complete the below questionnaire to the best of your ability. This will help IBA identify other services that can improve your business.

Γ	The following	Indigenous business is
	_	
	* Less than	
	* Less than	50% 50%More than 50% Managed ;
	* Less than	50% 50% More than 50% Controlled;
1.	Contact Det	ails
	Business name	
	Legal name	
	ABN	
	Street address	Street:
		Suburb: State: Postcode:
	Postal address	Street/PO Box:
		Suburb: State: Postcode:
	Main contact Names	
	Principal/Owner and	Name:
	title/position	Title/Position:
	Other key contact and title	Name:
	Contact and title	Title/Position:
	Phone	()
	Fax	()
	Mobile	
	Email	



Capability Information- If insufficient room provided, please tick the "Additional Information Attached" box and attach the additional information on a separate sheet at the end of this document. Clearly label the section the information relates to.

Preferred B	Activities
reletted b	<u>15111655</u>
<u>Products an</u>	d Services Additional information attached
Proprietary	Products / Inventions / Processes / Patents Additional information
ttached	
Specialised	Capabilities Additional information attached
ppooranioou	//dational illionnation attached
Competitive	Skills Additional information attached
Jonipentive	Additional information attached



Capacity Levels - Please provide a brief description of your capacity level in		
Export Capabilities Additional information attached Software Used (Engineering/Drafting/Other) Additional information attached Equipment Additional information attached		
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Preferred N	Maximum Value of Work per Job Additional information attached
Area of Op	eration or Supply Additional information attached
Networks [Additional information attached
Track R	ecord
_eading Pr	ojects Completed and Major Clients Additional information attached
Year Estab	lished



3. Management Systems

AS 4801	Safety Management System Additional information attached
ISO 1400	11 Environment Management System Additional information attact
	-
ISO 9001	Quality Management System Additional information attached
1.00.00	
<u> </u>	1 Risk Management Approach Additional information attached
	(include type and value of cover) Additional information attached



Other Work Management Systems
Relationships and Communication Additional information attached
Responsiveness Additional information attached
Continuous Improvement and Innovation Additional information attached

When completed return to Deb Carberry, Manager, Business Lending and Support

Email: <u>Deb.Carberry@iba.gov.au</u>

Fax: (02) 6246 6279 (Return in Confidence)

Ph: (07) 3008 8300



ADDITIONAL INFORMATION SCHEDULE- Ensure you clearly label what section the information relates to.



ADDITIONAL INFORMATION SCHEDULE Cont'd- Ensure you clearly label what section the information relates to.