



## 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.

**The following Indigenous business is**

\*  Less than 50%    50%    More than 50% **Owned**;

\*  Less than 50%    50%    More than 50% **Managed**;

\*  Less than 50%    50%    More than 50% **Controlled**;

### 1. Contact Details

Business name	
Legal name	
ABN	
Street address	<u>Street:</u> ..... <u>Suburb:</u> ..... <u>State:</u> ..... <u>Postcode:</u> .....
Postal address	<u>Street/PO Box:</u> ..... <u>Suburb:</u> ..... <u>State:</u> ..... <u>Postcode:</u> .....
Main contact Names	
Principal/Owner and title/position	<u>Name:</u> <u>Title/Position:</u>
Other key contact and title	<u>Name:</u> <u>Title/Position:</u>
Phone	( )
Fax	( )
Mobile	
Email	
Web address	www.



**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.

**Main Business Activities**

<b><u>Preferred Business</u></b>	
<b><u>Products and Services</u></b>	<input type="checkbox"/> Additional information attached
<b><u>Proprietary Products / Inventions / Processes / Patents</u></b>	<input type="checkbox"/> Additional information attached
<b><u>Specialised Capabilities</u></b>	<input type="checkbox"/> Additional information attached
<b><u>Competitive Skills</u></b>	<input type="checkbox"/> Additional information attached

<b><u>Certifications Held</u></b> <input type="text" value="... Additional information attached"/>
<b><u>Export Capabilities</u></b> <input type="text" value="... Additional information attached"/>
<b><u>Software Used (Engineering/Drafting/Other)</u></b> <input type="text" value="... Additional information attached"/>

<b><u>Equipment</u></b> <input type="text" value="... Additional information attached"/>

**Capacity**

<b><u>Capacity Levels</u></b> - Please provide a brief description of your capacity level in addition to the below. <input type="text" value="... Additional information attached"/>

<b><u>Preferred Maximum Value of Work per Job</u></b> <input type="text" value="... Additional information attached"/>
<b><u>Area of Operation or Supply</u></b> <input type="text" value="... Additional information attached"/>
<b><u>Networks</u></b> <input type="text" value="... Additional information attached"/>

**2. Track Record**

<b><u>Leading Projects Completed and Major Clients</u></b> <input type="text" value="... Additional information attached"/>
<b><u>Year Established</u></b>

### 3. Management Systems

Tick if have complete system or comment on what you do or don't have.

<input type="checkbox"/> <b>AS 4801 Safety Management System</b> ... Additional information attached
<input type="checkbox"/> <b>ISO 14001 Environment Management System</b> ... Additional information attached
<input type="checkbox"/> <b>ISO 9001 Quality Management System</b> ... Additional information attached
<input type="checkbox"/> <b>ISO 31001 Risk Management Approach</b> ... Additional information attached
<b>Insurances (include type and value of cover)</b> ... Additional information attached





