

Business Details			
Business Name:			
Trading Name:			
Business Type ¹ :	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Organisation <input type="checkbox"/> Trust		
Aged Care Provider:	<input type="checkbox"/> Y <input type="checkbox"/> N	NAPS ID:	
GST Registered:	<input type="checkbox"/> Y <input type="checkbox"/> N	ABN:	
Address:			
Email:			
Phone:		Mobile:	
Contact Name:		Position:	
Service Type/s*:			
Funding Type (if known):	<input type="checkbox"/> Support at Home (SaH) <input type="checkbox"/> CHSP <input type="checkbox"/> QCSS <input type="checkbox"/> VHC <input type="checkbox"/> TACP <input type="checkbox"/> Be Connected		
Area/s covered:			

*Refer to the service listing for service types

Sole Trader - Only <i>(Must have a current drivers licence)</i>		Copy Attached
Sole Trader	Provide a copy of current Driver Licence	<input type="checkbox"/>

Business Insurances – Please provide relevant copies of the below	Copy Attached
Public Liability Insurance (Min \$20 million)	<input type="checkbox"/>
Work Cover or Accident Insurance	<input type="checkbox"/>
Vehicle/Travel Insurance (Transport services only)	<input type="checkbox"/>
Malpractice Insurance (Allied Health & Clinical services only)	<input type="checkbox"/>
Cyber Insurance (Allied Health & Clinical Services Only Min \$5 million)	<input type="checkbox"/>

¹ Here's a quick overview of business types:

- **Sole Trader:** One person owns and operates the business. They are legally responsible for all aspects of the business, including debts and obligations.
- **Partnership:** Two or more people (or entities) share ownership, profits, and responsibilities of the business.
- **Trust:** A structure where a trustee (an individual or company) holds and manages business assets on behalf of beneficiaries.
- **Organisation or Company:** A separate legal entity registered under the Corporations Act (through ASIC). The company itself is responsible for its debts, not the individual owners (shareholders).

Police Checks <i>(Police Checks all staff working with LWB clients must have a current police check)</i>		Copy Attached
3 or less staff	Copies of all police checks.	<input type="checkbox"/>
4 or more staff you are required to provide.	A completed Statutory Declaration- Probity that all Personnel have a current National Police Certificate; and	<input type="checkbox"/>
	A copy of your policy and/or procedure relating to the managing of compliance related to staff police checks and renewals.	<input type="checkbox"/>

Commonwealth Statutory Declaration <i>(A Statutory declaration is required for all staff working in aged care. This is declaring that the staff member has not had any criminal activity outside of Australia)</i>		Copy Attached
3 or less staff	Not required.	
4 or more staff you are required to provide.	A completed Statutory Declaration – Commonwealth – Group identifying that all staff have completed this.	<input type="checkbox"/>
	A copy of your policy and/or procedure relating to commonwealth statutory declaration requirements and the management of renewals.	<input type="checkbox"/>

Blue Card (QCSS Funded providers only) <i>(A current Working with Children Check required for all staff working with LWB clients)</i>		Copy Attached
3 or less staff	Copies of all Blue Cards.	<input type="checkbox"/>
4 or more staff you are required to provide.	A completed Statutory Declaration- Qualifications -Other that all Personnel have a current Blue Card; and	<input type="checkbox"/>
	A copy of your policy and/or procedure relating to the managing of compliance related to staff police checks and renewals.	<input type="checkbox"/>

Work Health Safety (WHS) - <i>If you do not currently have WHS policies, you will be required to adopt and follow the LWB Safety processes sign an acknowledgement of receipt, and confirm that your personnel will comply with these.</i>		Copy Attached
3 or less staff	Copies of all signed Statutory Declaration - Individual	<input type="checkbox"/>
4 or more staff you are required to provide.	A completed Statutory Declaration- Health & Safety - Group that all Personnel have been advised of and trained in their WHS responsibilities.	<input type="checkbox"/>
	A copy of your policy and/or procedure relating to the managing of WHS related to staff policies, training and compliance relevant to your state.	<input type="checkbox"/>
<i>Have you (Associated Provider) received any Improvement, Prohibition or Prosecution Notices from a regulatory authority in the last 12 months? If yes, please provide the number of Notices.</i>		<input type="checkbox"/> Yes or <input type="checkbox"/> No If yes – no. of notices

QUALIFICATION REQUIREMENTS		Copy Attached
3 or less staff	A copy of all your Trade or Service (Licence or Qualification) required to implement service.	<input type="checkbox"/>
4 or more staff you are required to provide.	A completed Statutory Declaration - Qualifications (Other) for all trades Certifications	<input type="checkbox"/>
	A completed Statutory Declaration Qualifications – Allied Health for all medical related fields noting that all Personnel are suitable qualified.	<input type="checkbox"/>
	A copy of your policy and/or procedure relating to qualification requirements and the management of renewals.	<input type="checkbox"/>

SUBCONTRACTING		Copy Attached
Are Subcontractors utilised?	<input type="checkbox"/> Y <input type="checkbox"/> N	
If Yes - LWB's brokerage agreement does not allow for Subcontracting without separate approval.	Subcontracting Request Form	<input type="checkbox"/>

FEES	Copy Attached
Hourly Rate (Excl GST)	
If required attach your fee schedule	<input type="checkbox"/>

NB: LWB will store all supporting documentation in line with its [Information Management Policy](#) and [Privacy and Confidentiality Policy](#).

Internal Use Only				
Brokerage	<input type="checkbox"/> New or <input type="checkbox"/> Renewal		Date:	
	Confirmation that all compliance requirements above have been received.			<input type="checkbox"/>
Regional Operations Manager	Review and Accept – Hourly rate and/or Fee Schedule			<input type="checkbox"/>
	LWB Authority to Proceed – <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date:	
	Name		Position	
Brokerage	Agreement finalised and added to system for utilisation for relevant services. Reminders: Check LWB's Delegations Policy Guideline & Delegations of Authority Schedule . Brokerage Agreement to be executed by a LWB State Director.			<input type="checkbox"/>