



Work Health and Safety Accreditation Scheme Contract Notification Form

Department or Funding Recipient Name:	
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Department or Funding Recipient Contact Person

Name:	
Phone:	
Fax:	
Email:	

Project Manager or Joint Venture consortium [if applicable]

Name of Legal entity	
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Accredited Builder

Company name (inc. ACN)	
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Builder representative contact person

Name:	
Position:	
Phone:	
Fax:	
Email:	

Building Contract details

Contract value	
Funding Federal Agency	
Amount of Federal Funding?	
Is the Federal Funding Direct or Indirect?	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect



Award Date	
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Project details

Title	
Description	
Location	
Estimated start date	
Estimated end date	

Please return to: fscreporting@jobs.gov.au ----- Phone: 1800 652 500