



Government of **Western Australia**  
Department of **Treasury and Finance**  
Building Management and Works

**REGISTRATION OF INTEREST FOR THE CONSTRUCTION INDUSTRY**  
**BUILDING THE EDUCATION REVOLUTION PROGRAM**  
**ELEMENT 1 - PRIMARY SCHOOLS FOR THE 21<sup>ST</sup> CENTURY**

Building Management and Works (BMW) encourages the construction industry to participate in the delivery of the BER program.

Registration of Interest (ROI) by builders is being sought by BMW to assist with:

- Determining the industry's capacity
- Fast-tracking tender assessment
- Keeping those who register their interest informed of developments with the BER program

**NOTE:**

1. This ROI process will not pre-qualify builders for BER tenders. At the time of tender assessment, BMW will require builders to undergo a business risk assessment.
2. The ROI process is not a pre-requisite to being eligible for tendering on the BER program.

**NAME OF FIRM:** \_\_\_\_\_

I am interested in tendering on works in the following Education Districts:

*(Please mark district/s)*

<b>METROPOLITAN</b>		<b>COUNTRY</b>	
Canning	<input type="checkbox"/>	Kimberley	<input type="checkbox"/>
West Coast	<input type="checkbox"/>	Pilbara	<input type="checkbox"/>
Swan	<input type="checkbox"/>	Midwest	<input type="checkbox"/>
Fremantle/Peel	<input type="checkbox"/>	Midlands/Narrogin	<input type="checkbox"/>
		Goldfields/Esperance	<input type="checkbox"/>
		Albany	<input type="checkbox"/>
		Bunbury/Warren Blackwood	<input type="checkbox"/>

**NOTES**

- Building contractors who are considering tendering with DTF on behalf of the Minister for Works (DTF) for the BER Program, are asked to complete this application form.
- When tenders close, Tenderers under consideration will be required to provide within 1 working day, further financial details and workload information.
- Information provided in this application will be treated as confidential and maintained on file for future reference. It will be available only to those DTF staff directly concerned with the program.
- Return your completed application to:

**BER Taskforce**  
**Attention: Fiona McGonigle**  
**Executive Officer**

Private Bag 22  
East Perth WA 6004

or

[BER.taskforce@bmw.wa.gov.au](mailto:BER.taskforce@bmw.wa.gov.au)

For any questions regarding the BER Program, please call 1300 963 988.

**BUSINESS PROFILE**

**LEGAL ENTITY** (company or individual): \_\_\_\_\_

**TRUST NAME** (where relevant): \_\_\_\_\_

**BUSINESS/TRADING NAME** (if different from legal entity): \_\_\_\_\_

**AUSTRALIAN COMPANY NUMBER** (where relevant): \_\_\_\_\_

**AUSTRALIAN BUSINESS NUMBER:** \_\_\_\_\_

**BUILDERS' REGISTRATION NUMBER OF BUSINESS:** \_\_\_\_\_

**TYPE OF BUSINESS:**

(Tick appropriate box)	Sole Trader	<input type="checkbox"/>	Trustee Company	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Nominee Company	<input type="checkbox"/>
	Public Company	<input type="checkbox"/>	Private Company	<input type="checkbox"/>
	Other	<input type="checkbox"/>	(Please specify)	_____

**NOTE:** For Pty Ltd only, please attach current copy of the company register, names of office bearers and share distribution. For firms operating under a Registered Business Name, please attach a current copy of the Business Name Registration showing the ownership details of the Business Name. For firms operating under a Trust arrangement, please attach a copy of the Trust Deed.

**DATE WHEN BUSINESS COMMENCED OPERATION:** \_\_\_\_\_

**GST REGISTRATION**

Is your business registered for GST?      Yes            No     

(Tick appropriate box)

**PRINCIPAL CONTACT DETAILS (WESTERN AUSTRALIA)**

**PRINCIPAL BUSINESS ADDRESS:**

Floor Level: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Building Name \_\_\_\_\_

Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**PRINCIPAL POSTAL ADDRESS:** AS ABOVE (Please tick box)

(If different from above, provide full postal details)

Floor Level: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Building Name \_\_\_\_\_

Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_

Post office address: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**TELEPHONE NUMBERS:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**FACSIMILE NUMBERS:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PRINCIPAL CONTACT PERSON:** Mr, Ms, Mrs, Miss \_\_\_\_\_

(Please circle) (First Name) (Surname)

**POSITION IN FIRM:** \_\_\_\_\_