

This form is to be used to process a new supplier/provider or to process an

It is important that the steps outlined below are followed and all fields are completed to ensure that the form can be approved and actioned. Please **NOTE** Incomplete forms will be returned for completion.

COMPLETION INSTRUCTIONS

1. Uniting Staff Requestor to complete Sections 1 to 3 on first page and forward form to Supplier with subject line “New Supplier/update information form”
2. Supplier to complete Sections 4 to 7
 - Suppliers/Vendors providing Goods and Services MUST initial all requirements in Section 6
 - Foster Carers, Grant Payments and HCP Funds Transfer providers are only required to complete Section 4 and 7
 - Section 7 must be signed by the supplier/provider
3. **Supplier is to email the completed form to Finance_enquiries@uniting.org with subject line “New Supplier/update information form”.**
4. Uniting Finance Team will obtain approvals and respond to the Supplier and the Uniting Requestor approximately 2 business days after receiving approval advising that the request has been approved or declined.

New supplier addition / update information form



Uniting Information - Sections 1 – 3 UNITING TO COMPLETE

Section 1: Uniting Requestor Details (Uniting staff member to complete)	
Name	
Facility	
Contact no	
Email	
Date	

Section 2: Uniting Supplier Details (Uniting staff member to complete)	
Supplier name	
Supplier number (if existing supplier)	S _ _ _ _ _
Description of goods/services to be supplied to Uniting	
Reason for Form Submission	
New supplier for goods and services	<input type="checkbox"/>
Change to existing supplier details	<input type="checkbox"/>
New payment record for Foster Carers, Donations, Grants, Client Subsidy payments, or HCP transfer	<input type="checkbox"/>

Section 3: HCP fund transfer client details (Uniting staff member to complete if required)	
Client id	Client name

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">FACILITY MANAGER APPROVAL</div>	
MANAGER'S NAME	
SIGNATURE & DATE	

New supplier addition / update information form



Supplier information – Section 4 – 7 – SUPPLIER TO COMPLETE

Section 4: Supplier details				
Supplier Business Legal Entity Name				
Legal Name				
Supplier address				
Address Line 1				
Address Line 2				
City/Suburb		State		Postcode
Supplier primary contact information				
Contact person				
Telephone		Mobile		
Email for Communications				
Email for Remittance				
Email for receiving Purchase Orders				
Banking Details				
Account name				
BSB		Account No.		
Bank name				
ABN (if applicable) <i>All suppliers must either have an ABN or provide an ATO – Statement by a Supplier.</i>				
Payment Terms .	30 days standard <input type="checkbox"/>			
For payment terms less than 30 Days, Uniting Finance approval is required				

Section 5: Certifications and insurances (To be completed by Third Party Suppliers of Goods and Services Only)		
Certifications		
	Name	Expiry date
Quality/ISO		
Environmental		
Other		
INSURANCES		
Public liability	Name of insurer	
	Policy number	
	Amount covered	
	Expiry date	
Professional indemnity	Name of insurer	
	Policy number	
	Amount covered	
	Expiry date	

New supplier addition / update information form



Workers compensation	Name of insurer	
	Policy number	
	Expiry date	

Section 6: Uniting policy requirements

The Uniting procurement policy supports and promotes corporate social responsibility activities in cooperation with our suppliers as outlined in the supporting documents.

Go to <https://uniting.org/about-uniting/suppliers> to view documents

	Initial
Uniting procurement policy I acknowledge that I have read and understood the Uniting Procurement Policy and agree to be guided by this policy in conducting business with Uniting.	
Supplier code of conduct I acknowledge that I have read and agree to abide by the Uniting Supplier Code of Conduct	
Uniting purchase order terms and conditions I acknowledge I have read Uniting's purchase order terms and conditions and accept that all dealings with Uniting, unless covered by an approved contract agreement, will be undertaken within the framework of these conditions	
Privacy and confidentiality I agree that any personal or confidential information obtained during conducting any service delivery to Uniting will be handled in accordance with applicable privacy laws, including the Australian privacy principles set out in the Privacy Act 1988 (Cth).	
Police, criminal reference and/or working with children checks (if applicable) I acknowledge that all volunteers, employees and contractors which require a police check, criminal reference check or working with children check as part of the service delivery to Uniting will have the appropriate checks and screens in place prior to attending a Uniting site.	

Section 7: Supplier authorisation (Supplier to sign and return completed form to Finance_Enquiries@Uniting.org)

As a representative of the organisation (or the person) detailed above, I hereby declare this information, including the bank details, to be correct.

Print name			
Position	<i>(NA if Carer)</i>		
Signature		Date	