

Security Audit Contractor Registration

Form Preview

Eligibility

* indicates a required field

In order to register your business, you and each qualified auditor must have read, understood and agreed to the Program's Terms and Conditions.

Security Audit Contractor and its Qualified Auditor/s means a legal entity that has been approved and registered by the Department to carry out Security Audits under this Program.

The [Terms and Conditions](#) contain important information about eligibility, registration and voucher redemption.

By continuing with this application, you and each Qualified Auditor warrant that you have read and understood and agree to the program's [Terms and Conditions](#).

I have read and understood and agree to the Terms and Conditions *

- ☐ Yes ☐ No - ineligible

I am a Security Audit Business as defined in the Terms and Conditions *

- ☐ Yes ☐ No - ineligible

I confirm that I/ my business is not subject to any active NT Worksafe and/ or Licensing NT investigations, non-compliance or fraud related matters *

- ☐ Yes, we have no outstanding matters
☐ No - ineligible

Program evaluation questions

How did you find out about the Business Security Assistance Program? *

- ☐ Newspaper
☐ Social media
☐ Internet search engine
☐ TV
☐ Radio
☐ Press release/ announcement
☐ Friend/ family/ acquaintance

Business outlook: in the next 12 months, I expect business conditions to *

- ☐ Improve substantially
☐ Improve somewhat
☐ Stay about the same
☐ Worsen somewhat
☐ Worsen considerably

Eligible Security Audit Contractor Details

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* indicates a required field

Legal Entity Name *

Organisation Name

Legal entity name (not trading name). If a Trust, you must give the name of the Trustee of the Trust and attach a copy of the trust deed further below in this application form

Trading Name/ Business Name

Can be the same as legal entity name

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Physical/ Office Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Phone number *

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This phone number will appear on the website

Email address *

Must be a valid email address for the contact person who completed the application

Website

Must be a URL.

Legal Entity Type *

A Trust/ trustee will be asked to provide their trust deed later in the application.

How many people are engaged in the business (including principals and directors)? *

Must be a number.

I confirm I have a minimum \$2 million Professional Indemnity insurance cover? *

☐ Yes

This is an essential requirement for approval.

Provide current certificate of insurance *

Attach a file:

Insurance must have the correct Business name otherwise we cannot consider your application

Are you registered for GST? *

☐ Yes

☐ No

Northern Territory Government Vendor ID Number (if known)

You can leave this blank for now. However you will need a vendor ID to redeem vouchers and receive payments

If you are unsure or do not have a Vendor ID, please visit <https://invoicentg.nt.gov.au>.

If your legal entity is the trustee of a trust, attach the trust deed here *

Attach a file:

Qualified Auditors

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* indicates a required field

Number of Qualified Auditors being nominated

Applicant must ensure each qualified auditor understands and agrees to the terms and conditions and understands and agrees with the Declaration at the end of this application.

How many auditors are you nominating? *

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Qualified Auditor 1 Details

This is the person that will carry out the Mandatory Security Audits.

Name *

Title First Name Last Name

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This is the person who will carry out the security (CPTED) audits

Position *

--

Phone Number *

--

Must be an Australian phone number.
Provide area code if a landline

Email *

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Must be an email address.

I confirm that the nominated person has successfully completed a CPTED training course *

- ☐ Yes
☐ No - ineligible
☐ I am already a qualified CPTED auditor

Please attach full evidence of qualification/ eligibility as per the program's terms and conditions

Attach a file:

--

I confirm that the nominated person has undergone a Police Check (Finger Print) *

- ☐ Yes
☐ No - ineligible

Attach Police Report (Finger Print) *

Attach a file:

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Reason for becoming a CPTED auditor *

Word count:

Must be no more than 100 words.

How does this fit with your current professional obligations? *

Word count:

Must be no more than 100 words.

Qualified Auditor 1 - Referee 1

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 1 - Referee 2

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

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Must be an email address.

Qualified Auditor 2 Details

This is the person that will carry out the Mandatory Security Audits.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

I confirm that the nominated person has successfully completed a CPTED training course *

- ☐ Yes
- ☐ No - ineligible
- ☐ I am already a qualified CPTED auditor

Please attach full evidence of qualification/ eligibility as per the program's terms and conditions *

Attach a file:

I confirm that the nominated person has undergone a Police Check (Finger Print) *

- ☐ Yes
- ☐ No - ineligible

Attach Police Report (Finger Print) *

Attach a file:

Reason for becoming a CPTED auditor *

Word count:

Must be no more than 100 words.

How does this fit with your current professional obligations? *

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Word count:

Must be no more than 100 words.

Qualified Auditor 2 - Referee 1

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 2 - Referee 2

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 3 Details

This is the person that will carry out the Mandatory Security Audits.

Name *

Title

First Name

Last Name

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Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

I confirm that the nominated person has successfully completed a CPTED training course *

- ☐ Yes
☐ No - ineligible
☐ I am already a qualified CPTED auditor

Please attach full evidence of qualification/ eligibility as per the program's terms and conditions *

Attach a file:

I confirm that the nominated person has undergone a Police Check (Finger Print) *

- ☐ Yes
☐ No - ineligible

Attach Police Report (Finger Print) *

Attach a file:

Reason for becoming a CPTED auditor *

Word count:

Must be no more than 100 words.

How does this fit with your current professional obligations? *

Word count:

Must be no more than 100 words.

Qualified Auditor 3 - Referee 1

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name

Title

First Name

Last Name

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Audit Business Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Qualified Auditor 3 - Referee 2

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 4 Details

This is the person that will carry out the Mandatory Security Audits.

Name *

Title

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

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Must be an email address.

I confirm that the nominated person has successfully completed a CPTED training course *

- ☐ Yes
- ☐ No - ineligible
- ☐ I am already a qualified CPTED auditor

Please attach full evidence of qualification/ eligibility as per the program's terms and conditions *

Attach a file:

I confirm that the nominated person has undergone a Police Check (Finger Print) *

- ☐ Yes
- ☐ No - ineligible

Attach Police Report (Finger Print) *

Attach a file:

Reason for becoming a CPTED auditor *

Word count:

Must be no more than 100 words.

How does this fit with your current professional obligations? *

Word count:

Must be no more than 100 words.

Qualified Auditor 4 - Referee 1

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

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Must be an email address.

Qualified Auditor 4 - Referee 2

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 5 Details

This is the person that will carry out the Mandatory Security Audits.

Name *

Title

First Name

Last Name

Position *

Number *

Must be an Australian phone number.

Email *

Must be an email address.

I confirm that the nominated person has successfully completed a CPTED training course *

- ☐ Yes
- ☐ No - ineligible
- ☐ I am already a qualified CPTED auditor

Please attach full evidence of qualification/ eligibility as per the program's terms and conditions *

Attach a file:

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I confirm that the nominated person has undergone a Police Check (Finger Print) *

- ☐ Yes
☐ No - ineligible

Attach Police Report (Finger Print) *

Attach a file:

Reason for becoming a CPTED auditor *

Word count:

Must be no more than 100 words.

How does this fit with your current professional obligations? *

Word count:

Must be no more than 100 words.

Qualified Auditor 5 - Referee 1

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Qualified Auditor 5 - Referee 2

Please provide details of a referee that may be contacted by the department for this qualified auditor

Full name *

Title

First Name

Last Name

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Audit Business Name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Services and area of operation

* indicates a required field

Services provided

Which category do you do business in? *

- ☐ CPTED Audits
- ☐ My business is also a Security Improvement Business (separate registration required)

Important note: If you have ticked both boxes above, please be aware that the program's terms and conditions prohibit you from both carrying out the mandatory security audit AND the security improvement works for the same grant recipient.

Auditor Qualifications

Indicate your Auditor/s relevant qualification/background *

- | | |
|--|---|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Work Health and Safety |
| <input type="checkbox"/> Building Designer | <input type="checkbox"/> Security Systems Design and Installation |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Electrical and Data Communications |
| <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Police and Security Profession |
| <input type="checkbox"/> Planner - Urban | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Quality Auditing | |

Area of Operation

Geographic region of operations (You can select more than 1 region) *

- ☐ Darwin and surrounding areas
- ☐ Barkly
- ☐ Katherine
- ☐ Alice Springs
- ☐ Daly-Tiwi-West Arnhem
- ☐ East Arnhem
- ☐ Central Australia (outside of Alice Springs)

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Unattested Declaration under the Oaths, Affidavits and Declarations Act

* indicates a required field

I (insert your full name),

*

Must be the Principal of the Business

solemnly and sincerely declare

- The new COVID-19 vaccination requirements apply to all NTG service providers and grant recipients from 25 December 2021.
- To view the COVID-19 Vaccination Requirements, visit <https://nt.gov.au/industry/procurement/understanding-the-rules/conditions-contract/covid-19-mandatory-requirements>

COVID-19 Vaccination Declaration (an answer to this question is no longer required)

- ☐ I and my personnel are fully vaccinated for COVID-19 or have an exemption in accordance with the Mandatory Vaccination Requirements (COVID-19)

An answer to this question is no longer required

Business Declaration

- I have read, understood and agree to comply with the Business Security Assistance Program's [terms and conditions](#);
- I have read, understood and agree to the [privacy Statement](#);
- I acknowledge and accept that the Department of Industry, Tourism and Trade will conduct relevant and necessary due diligence checks to ascertain that my Business is eligible under the Program;
- I understand that only suitably qualified CPTED auditors approved by the Department and registered with the program can carry out audits;
- I will accept an NT Government-issued voucher as payment for the eligible works;
- I have familiarised myself with and understand the processes contained in the [terms and conditions](#);
- I understand that I must not be related to or a relative of the grant applicant or the business(es) providing the security improvement services;
- I understand the dispute resolution processes and agree to indemnify the Northern Territory Government against any loss or damages sustained under or in connection to works undertaken as part of the Business Security Assistance Program;
- I understand some business and contact information that I give to the Department as part of this application may be listed publicly and I acknowledge the disclaimer regarding how the information I provide will be stored and used;
- My business has and will maintain during the course of the Program all necessary insurance coverage required to undertake any works in connection with the program,

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including (without limitation) valid Professional Indemnity insurance policy with minimum \$2 million cover;

- My business will maintain all relevant business, occupation and related licences required to conduct its business and undertake security audit work in connection with the Business Security Assistance Program;
- By completing this declaration I confirm that my business is not under external administration or in liquidation, is not insolvent and I have no reason to believe that it will become insolvent during the course of the program;
- My Business is not currently being investigated and has no current action pending by any law enforcement agency for fraud, NT Worksafe or Licensing NT non-compliance;
- I will advise the Department immediately if any of this information changes during the course of the Program;
- My business has at least one suitably qualified Security Auditor as defined in the [terms and conditions](#);
- I am a Principal of the Business and I am duly authorised to make this Declaration.

This declaration is true and I know that it is an offence to make a declaration that is false in any material particular. *

☐ (Yes)

This Declaration is made at *

place eg. Darwin

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be the Principal of the Business

Date of Birth *

Must be a date.
Please choose correct date

Position *

Date of declaration *

Must be a date.
Please choose correct date