Thank you for your interest in Membership with the Association of Professional Staffing Companies in Australia. Please complete the fields included in this form before signing and returning to [membership@apscoau.org](mailto:membership@apscoau.org) for review. If you have any questions about completing the form, please call (03) 8622 4700.

An APSCo Australia representative will contact you within 48 hours of receipt of the form to discuss the process of becoming a Member.

[Application type:](https://www.apscoau.org/our-members)  Membership  Partnership  Information Update

Authorised Company Representative Details:

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Direct Phone: Country code. Phone number including area code.

Email: Click or tap here to enter text.

**Business Details**

Registered Business Name:  Click or tap here to enter text.

Trading Name: Click or tap here to enter text.

ABN: Click or tap here to enter text. ACN: Click or tap here to enter text.

Business Entity Type: Choose an item.

Number of permanent employees within Australia: Click or tap here to enter text.

Number of Locations within Australia: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| NSW | Vic | Qld | ACT |
| WA | NT | Tas | International |

Select all States of Operation:

Head Office Phone: Country code. Phone number including area code.

Alternate Phone: Country code. Phone number including area code.

Head Office Fax: Country code. Phone number including area code.

Business Email: Click or tap here to enter text.

Website URL: Click or tap here to enter text.

Company Linkedin : Click or tap here to enter text.

List relevant industry verticals in which your company operates:

Click or tap here to enter text.

List any brands/subsidiaries you wish to have included in your membership:

Click or tap here to enter text.

**Director(s) Details:**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone:Country Code. Phone number. | Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone:Country Code. Phone number. |
| Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone:Country Code. Phone number. | Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone:Country Code. Phone number. |

**Insurance & Policies**

Vic Labour Hire Licence:  Yes  No   N/A Licence Number: Enter licence number.

Qld Labour Hire Licence:  Yes  No   N/A Licence Number: Enter licence number.

SA Labour Hire Licence:  Yes  No   N/A Licence Number: Enter licence number.

ACT Labour Hire Licence:  Yes  No   N/A Licence Number: Enter licence number.

If none, provide a reason: Click or tap here to enter text.

List any other licences held: Click or tap here to enter text.

Registered for Payroll Tax:  Yes  No

Workers’ Compensation held:  Yes  No

Professional Indemnity held:  Yes  No

Public Liability held:  Yes  No

If no, please provide a reason: Click or tap here to enter text.

**Membership Expectations**

How did you hear about APSCo Australia Membership: Click or tap here to enter text.

Why do you believe being a part of an Association important to your business?

Click or tap here to enter text.

What support and/or resources would you most like to gain from your APSCo Membership?

Click or tap here to enter text.

**Declaration**

It is a condition of Membership that you make commitment to abide by the Association’s [Constitution](https://www.apscoau.org/sites/default/files/uploaded-content/field_f_content_file/apsco_australia_constitution_2016_0.pdf), [Rules](https://www.apscoau.org/sites/default/files/uploaded-content/field_f_content_file/apsco_australia_rules_02_11_2016.pdf) and [Code of Conduct](https://www.apscoau.org/sites/default/files/uploaded-content/field_f_content_file/apsco_australia_code_of_conduct_and_dispute_resolution_procedures_02_11_2016.pdf).

I declare that I have read and understood the APSCo Australia Constitution, Rules and Code of Conduct, including the Dispute Resolution Procedures.

I confirm that as the nominated representative of the Company applying for membership that the Company will ensure all officers and employees accept the Aims and Objectives of APSCo Australia, as outlined in the Constitution and understand their obligations under the Rules and Code of Conduct.

 I also declare all information provided is true and correct at the time of this submission.

Declaration Date: Click or tap to enter a date.

Declared By: Click or tap here to enter text.