

**REDUNDANCY PAYMENT CENTRAL FUND LTD (Incolink)**

**1. as TRUSTEE FOR:**

- Redundancy Payment Central Fund
  - Redundancy Payment Central Fund No 2
  - Redundancy Payment Approved Worker Entitlement Fund 1
  - Redundancy Payment Approved Worker Entitlement Fund 2
  - Construction Industry Complying Portable Sick Leave Pay Scheme
  - Metal & Engineering Construction & Contracting Industries Complying Portable Sick Leave Pay Scheme
- (collectively **Trust**)

**2. as DELEGATE FOR:**

- IPT Agency Co Ltd
  - IPT Agency Co (No 2) Ltd
- (IPT Company)**

**3. as MANAGER of the** Victorian Building and Construction Industry Training Fund (VBCIT Fund); and

**4. as exclusive AGENT of the** Plumbing Joint Training Fund Ltd (PJTF Fund)

**Please note, irrespective of the legal status (company, partnership, sole trader or otherwise) of your business if you are not employing workers then you are not eligible for membership.**

Legal Name of Company/Business: \_\_\_\_\_  
(Includes companies, partnerships, sole traders, etc)

Trading Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Work Conducted by the Employer: \_\_\_\_\_

Start Date on Site: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Have you or your company Directors or Partners, as the case may be, been a Director, Partner, Sole Trader, Sole Proprietor or Working Sub-Contractor of any other company, partnership or business which at any time has been or continues to be a member of Incolink?

YES\*  NO

\*If yes, please provide full details, including the relevant registration number or numbers below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note, if you are a company you must provide full details (name, address and contact number) of all company directors and secretaries in EmployerLink.*

### Industrial Instrument

Are your employees employed under an EBA/EA and if so which one? \_\_\_\_\_

\_\_\_\_\_

(Note: If you have more than one EBA/EA please provide names and details of each)

If your employees are employed under an EBA/EA please;

- attach a signed copy/s and
- provide the Fair Work agreement registration number (starts with AG20XX/XXXX); \_\_\_\_\_

If not employed under an EBA/EA are they employed under an Award and if so which one? \_\_\_\_\_

\_\_\_\_\_

How many workers do you have employed under an EBA/EA or the Award? \_\_\_\_\_

(Note: Once your account is set up you will be able to add your employees on Incolink's system via our EmployerLink web portal)

Notes: \_\_\_\_\_

\_\_\_\_\_

### Required Contributions

The Employer hereby agrees to make Redundancy Contributions plus the following additional contributions as provided for in the applicable industrial instrument (e.g. EBA/EA) provided above.

Income Protection and Trauma (IPT)\*

Portable Sick Leave Insurance (PSLI)\*

Co-managed Training Payment (CTP)\*

(collectively **Contribution Requirement**)

*Please note:*

*\* Please read Deed of Adherence on page 4 regarding all components above. By making the selection/s above you will become a member of the selected Contribution Requirement's own governing document (for example, constitution and by-laws, relevant fund trust deed). Unless your Industrial Instrument specifies a different rate, you must pay Redundancy Contributions at the rate set out in the relevant fund trust deed.*

Signature of Employer: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(In the case of the company to be signed by director/Company Secretary of the Company)

Full Name of Signatory (Please Print): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Full Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Please complete this section to include Authorised Officers to sign on the behalf of your company.**

This will allow the authorised officer to approve termination and claims of employees, sign separation certificates, pay invoices and make changes to company details. Nominating your company's Authorised Officer also grants them access to our EmployerLink portal. EmployerLink requires one Authorised Officer to be a nominated Super User which must be outlined below. Note: A Super User is an individual in your organisation that will most regularly handle Incolink invoice payment and manage workers within EmployerLink. Super Users will also be able to add and edit EmployerLink access for other members of staff in your organisation. For more information on EmployerLink visit [employerlink.incolink.org.au](http://employerlink.incolink.org.au).

**Company Name:** \_\_\_\_\_

**Authorised Officer/s:**

<b>Super User</b>	
Name: _____	Name: _____
Position: _____	Position: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____
Name: _____	Name: _____
Position: _____	Position: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____

**Additional Company Information**

Name of Trading Trust: \_\_\_\_\_

ACN Number: \_\_\_\_\_ ABN Number: \_\_\_\_\_ Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Directors of Company/Sole Trader/Partners (please provide Individual Incolink Member Number where applicable)**

**1.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Incolink Member No: \_\_\_\_\_

**2.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Incolink Member No: \_\_\_\_\_

**3.** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Incolink Member No: \_\_\_\_\_

**DEED OF ADHERENCE**

The Employer hereby applies for membership of Incolink and the relevant Trust, IPT Company, VBCIT Fund and PJTF Fund and agree to be bound by the terms and conditions of the relevant Trust deed, IPT Company Constitution and By-Laws (copies of which are available upon request from the offices of Incolink or accessible via Incolink’s website) and governing documentation of the VBCIT Fund and PJTF Fund.

The Employer hereby acknowledges and agrees that if its application for membership is accepted then;

1. Membership will take effect from the date of this application or such later date as may be notified by Incolink.
2. It will be bound by the terms of the relevant Trust deed and IPT Company Constitution and By-Laws (as amended) on the basis that it is a “member” or “Participating Employer” as defined in the relevant Trust deed, IPT Company Constitution and By-Laws, and governing documentation of the VBCIT Fund and PJTF Fund; and that it must make all contributions selected under “Required Contributions” to Incolink in accordance with the terms of this Application for Membership and Deed of Adherence, the relevant Trust deed and IPT Company Constitution and By-Laws and the relevant governing documentation of the VBCIT Fund and PJTF Fund, as directed by Incolink from time to time and the applicable Industrial Instruments in respect of:
  - a. All employees whose names and details are registered with Incolink by the Employer or in other applications to Incolink under the relevant Trust deed and IPT Company Constitution and By-Laws, and governing documentation of the VBCIT Fund and PJTF Fund; and/or
  - b. Such other employees as may be advised to Incolink from time to time.
3. It will make the Required Contributions in a timely manner and at a rate to be determined where relevant by Incolink or as determined by the relevant Industrial Instrument that the Employer is a party to; and in the absence of such Industrial Instrument determining a rate, the Employer agrees and accepts that this Application for Membership and Deed of Adherence is fully binding in respect of the Required Contributions.

The Employer hereby authorises Incolink to offset any amounts due to the Employer against any outstanding contributions.

The Employer also warrants that the information set out in this Application for Membership and Deed of Adherence is true and correct and complete.

The Employer further acknowledges and agrees:

1. That the employees named in such applications will be treated as working on a project in the building and construction industry, for the purposes of the relevant Trust deed, IPT Company Constitution and By-Laws, and governing documentation of the VBCIT Fund and PJTF Fund.
2. To the extent permitted by law provide to Incolink all information requested by it, including without limitation details about its employees.
3. To at all times keep Incolink fully and accurately informed of its employee’s employment status and entitlements statutory or otherwise (including without limitation, sick leave, the commencement date, termination date, ordinary time pay, the relevant Contribution Requirements and quantum) and to always provide to Incolink any such information concerning employee’s employment as Incolink may from time to time require by notice in writing to the Employer. The Employer will be responsible for any errors or omissions and will fully indemnify Incolink for any errors or omissions.
4. Where it is a trustee, to be bound both personally and in its capacity as a trustee.
5. To be bound by Incolink’s privacy policy (a copy of which is available upon request from the offices of Incolink or accessible via Incolink’s website).

Signature of Employer: _____	Dated: ____ / ____ / ____
(Must be signed by director/Company Secretary)	
Full Name of Signatory (Please Print): _____	
Signature of Witness: _____	Full Name of Witness: _____
Address of Witness: _____	Postcode: _____