



First Nations Suppliers

Expression of Interest

Contact Information

Title: _____ Given Name: _____ Surname: _____

Position: _____

Business Name: _____

Work Address: _____

Suburb/City: _____ State: _____ Postcode: _____

Phone: W _____ M _____

Email: _____

Business URL: _____

Social Media

Facebook: _____

Instagram: _____

LinkedIn: _____

Other: _____

General Information

Is the business a member of QTIC?

Yes

No

Is the business at least 50% Indigenous owned?

Yes

No

How long has the business been operating?

Please provide a brief description of the business (what is your speciality, what area do you provide to etc.):

Please provide a brief description of any significant work the business has completed in the past:
