

Form – Contract for Independent Contractor

Independent Contractor Agreement Details Schedule		
Independent contractor Date		
Date of the agreement		
Parties to this Agreement		
The Contractor		
The Principal		
Term		
Commencement date		
End date of contract		
Principal		
Entity name		
ACN/ABN		
Address		
Main contact		
Phone Number		
Email address		
Contractor		
Entity name		
ACN/ABN		
Address		
Main contact		
Phone Number		
Email address		
Trade Licence/Qualification		
Insurance received		
Public Liability insurance received		
Work Cover insurance		



Form – Contract for Independent Contractor

Contractor name	
Signature	
Date	

Principal name	
Signature	
Date	