**Application Form**

**Details**

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| --- | --- |
| * Name
 |  |
| * Address
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| * ABN
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| * Address for notices
 |  |
| * Contact details:
 |
| * Name
 |  |
| * Phone
 |  |
| * Email
 |  |

**Professional qualifications and experience**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * Detailed individual CVs for persons nominated to provide the services.
 |  |

**Licensing and accreditation**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * Evidence that the applicant hold all necessary licenses, registrations, and professional accreditations required to perform the services.
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| * Evidence that practitioners engaged in delivering health or psychological care are personally registered with the relevant professional board, certification or registration authority
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**Compliance with legal and ethical standards**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * The applicant’s procedures for ensuring compliance with all relevant laws, regulations, and industry standards.
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| * The applicant’s privacy policy.
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| * The applicants policy pertaining to management of conflicts of interest.
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| * The applicant’s industrial relations policy.
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| * The applicant’s confidentiality and personal information protection policy (or policies) and procedures.
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| * The applicant’s data security and protection policy, procedures and practices.
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| * The applicant’s code of practice (or equal) in respect of professional standards and conduct and ethical behaviour.
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**Service delivery and responsiveness**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * The applicant’s commitments with respect to:
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| * Availability to respond
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| * Response times
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| * Modes and channels of delivery
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**Cultural competency and accessibility**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * The diversity, equal opportunity and cultural sensitivity awareness policy (or policies), measures and procedures adopted by the applicant.
 |  |
| * Details of the cultural awareness and sensitivity training and support provided to practitioners and employees
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**Referees and track record**

|  |  |
| --- | --- |
| * Name
 |  |
| * Organisation
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| * Position
 |  |
| * Email
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| * Telephone
 |  |
| * Has the applicant obtained the referee’s consent to be nominated and potentially contacted by Council (yes/no answer required)
 |  |
|  |  |
| * Name
 |  |
| * Organisation
 |  |
| * Position
 |  |
| * Email
 |  |
| * Telephone
 |  |
| * Has the applicant obtained the referee’s consent to be nominated and potentially contacted by Council (yes/no answer required)
 |  |
|  |  |
| * Name
 |  |
| * Organisation
 |  |
| * Position
 |  |
| * Email
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| * Telephone
 |  |
| * Has the applicant obtained the referee’s consent to be nominated and potentially contacted by Council (yes/no answer required)
 |  |

**Child safety assurance**

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| * **Supplementary submissions: Are the following included with the application?** (state yes or no)
 |
| * The applicant’s processes and procedures to ensure compliance with child safety laws and for implementation of the National Principles for Child Safe Organisations.
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| * Description of the applicant’s pre-employment vetting process for roles that involve direct contact with vulnerable persons, children and young people.
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**Work Health and Safety Capability**

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| * **Does the applicant have a work health and management safety system which is independently certified to AS/NZS 4801 or AS/NZS ISO 45001?.** State yes or no. If yes, submit a copy of the current certificate or verification letter with the application.
 |  |
| * If no to the above, is a description of the applicant’s work health and safety processes and procedures included?
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| 1. **Work Health and Safety Management Questionnaire**
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|  | 1. **Yes/No**
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| **1.** | **Health and Safety Policy and Management** |
| 1.1 | Is there a written company health and safety policy?  |  |
| 1.2 | Does your company have procedures to update work health and safety information and maintain ongoing awareness of work health and safety regulations?  |  |
| **2.** | **Safe Work Practices and Procedures** |
| 2.1 | Has the company prepared safe operating procedures or specific safety instructions relevant to its operation?  |  |
| 2.2 | Is there a formal and/or documented incident investigation procedure?  |  |
| 2.3 | Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company?  |  |
| **3.** | **Health and Safety Training** |
| 3.1 | Does your company have an induction program for new employees and subconsultants?  |  |
| 3.2 | Does your company have emergency response procedures in place and organise for employees to attend first aid training?  |  |
| **4.** | **Health and Safety Workplace Inspections** |
| 4.1 | Are regular health and safety inspections conducted at work sites where your employees or subcontractors are present?  |  |
| **5.** | **Health and Safety Consultation** |
| 5.1 | Does your company make provision for health and safety communication and consultation (for example toolbox meetings, employee involvement in inspections)?  |  |
| **6.** | **Health and Safety Offences** |
|  | Can you confirm that in the past five years your organisation has not been convicted of an occupational health and safety offence, nor been served with an improvement or prohibition notice?*If No, provide details of the offence(s) or notice and provide evidence of the appropriate remedial/corrective action that the company has taken.* |  |

Details of work health and safety offence(s) or notice and remedial/corrective actions taken:

**Exclusions**

Are there any employee assistance related services that the applicant does not provide?

**Enhancements**

Are there any unique skills, special, innovative, novel methods, tools, systems, approaches or other factors that the applicant possesses or uses which differentiate the applicant from other providers?

**Departures and non-compliances**

Are there any Conditions of Application and Pre-approval that the applicant does not agree to?

**Pricing**

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| * **Supplementary submission**
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| * Is the detailed scale of fees, schedule of rates and prices or similar required by item 17 of the Conditions of Application and Pre-approval included with the application? (state yes or no)
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**Lodgement**

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| * Signed above by the applicant or on behalf of the applicant by a person who warrants theirauthority to sign
 |
| * Name of person signing
 |  |
| * Position title
 |  |
| * Date
 |  |

**Lodgement instructions**

Submit the application by email to gccmail@gcc.tas.gov.au and include the following in the subject line ‘Multiple Use Register 1004 – Application in Confidence – Attention Procurement and Contracts’.