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**Material from the Bringing the Curriculum Alive http://eotc.tki.org.nz/EOTC-home/EOTC-Guidelines**

**Sample Form 14** *<Insert school name/logo here>*

*You may need to reduce the size of the name/logo you place here, click on the corner or side of the box and drag in to fit.*

*Use the align left, centre or right tabs on the toolbars to move your name or logo*

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| **Contracting Checklist** |
| *Form to be completed by each contracted organisation* |
|  |
| The following checklist is sent to you as an outside provider to help assess the level of safety management expertise provided by your organisation.Please return this form to <*school contact*> by <*date*> |
|  |
| Name of organisation: |  |
|  |  |
|  |
| Contact person: |  |
|  |
| Address: |  |
|  |  |
|  |  |
|  |
| Phone and fax: |  |
|  |
| Email: |  |
|  |
| Length of time as contractor |  |
|  |
| **Please complete the following:** | **Yes** | **No** |
|  |
| 1. Do you have selection standards for your staff? Are your staff Police Vetted? |  |  |  |
| * What are the standards?
 |
|  |  |
|  |  |
|  |  |
|  |
| 2. Do you have training standards for your staff? |  |  |  |
| * What are the standards?
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|  |  |
|  |  |
|  |  |
|  |
| 3. Do these standards comply with nationally accepted best practice standards? |  |  |  |
|  |
| 4. Does your organisation regularly monitor compliance with these standards? |  |  |  |
| * How?
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|  |  |
|  |  |
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| --- | --- | --- |
| **Your organisation’s safety procedures** | **Yes** | **No** |
|  |
| 1. Are records kept of incidents (fatality, near miss, injury, illness, property damage, |
| behavioural problems)? |  |  |  |
|  |
| 2. Are logs kept of equipment use? |  |  |  |
|  |
| 3. Is there a safety/risk management plan (eg RAMS or SAP) and standard operating |
| procedures (SOPS) for each activity? |  |  |  |
|  |
| 4. Safety/risk management plans and SOPS (including emergency procedures ) |
| for all activities this school will be involved in are attached. |  |  |  |
|  |
| 5. Can you confirm that personnel allocated for this event meet accepted best |
| practice standards for all activities they will lead? |  |  |  |
|  |
|  |
| **Referees:** |
| Please provide the names and contact details of two supporting referees that your organization has supplied services to in the past. |
|  |
| Referee 1 |
| Name: |  |
|  |
| Address: |  |
|  |  |
|  |  |
|  |
| Phone: |  |
|  |
| Referee 2 |
| Name: |  |
|  |
| Address: |  |
|  |  |
|  |  |
|  |
| Phone: |  |
|  |
|  |
| The information supplied above is correct. |
|  |
| Signed: |  | Date: |  |
|  |
| Name: |  | Position: |  |