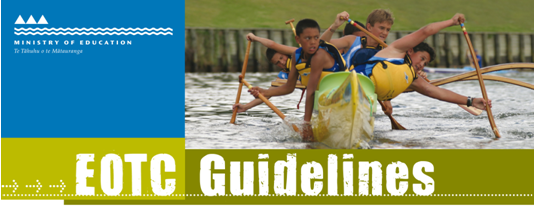
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**Material from the Bringing the Curriculum Alive http://eotc.tki.org.nz/EOTC-home/EOTC-Guidelines**

**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*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  | | | | | | | |
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|  | | | | | | | | | |
| The information supplied above is correct. | | | | | | | | | |
|  | | | | | | | | | |
| Signed: |  | | Date: |  | | | | | |
|  | | | | | | | | | |
| Name: |  | | Position: |  | | | | | |