

# CONTRACTOR APPLICATION



Please complete all sections of this document to apply to work at Ashburn Clinic.

<b>Contract company name</b>	<input type="text"/>														
<b>Type of service provided</b>	<input type="text"/>														
<b>Main contact details</b>	Name: <input type="text"/>  Position: <input type="text"/>  Landline: <input type="text"/> Cellphone: <input type="text"/>  Email: <input type="text"/>  Physical and/or postal address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
<b>Insurance</b>	<table border="1"> <thead> <tr> <th></th> <th>Policy number</th> <th>Insurer</th> <th>Expiry</th> </tr> </thead> <tbody> <tr> <td>Public liability    <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Professional indemnity    <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Policy number	Insurer	Expiry	Public liability <input type="checkbox"/> Yes <input type="checkbox"/> No				Professional indemnity <input type="checkbox"/> Yes <input type="checkbox"/> No			
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## Health and Safety Systems and Performance

You and/or your staff will be on the Ashburn Clinic site to complete work or provide a service to Ashburn Clinic. As the Duty of Care applies to a person conducting a business or undertaking (PCBU), we require evidence that you have Health and Safety systems in place to ensure that risks have been identified and managed, and that the work done for us is achieved safely, ensuring your own safety and the safety of others with whom you come into contact. **Please attach a copy of your Health & Safety Plan to this application.**

Included in each section is an explanation of why we are asking this question and a guideline on the information we are seeking. All sections must be completed.

- If no work has been undertaken in a particular area, please state this.
- Each reply will be assessed against the guidelines.

If you encounter any difficulties understanding the requirements of the questions, please contact the Ashburn Clinic Quality Director.

## Management commitment

*The Health and Safety at Work Act, 2015 (HSWA Act) requires business directors and managers to have an effective health and safety system which both identifies and manages risk.*

Do you have a written policy statement or statement of intent that complies with the HSWA Act?  Yes  No

In this policy, have you clearly defined director and management responsibilities?  Yes  No

Do you regularly review health and safety performance?  Yes  No

Please describe how you would normally review health and safety performance, and when it was last completed:

Do you have an accredited safety management system? Examples include the ACC Worksafe Safety Management Practices, Workplace Safety Discount, Food Supplier Safety Certificates, AS/NZS 4801.  No  Yes

**If Yes, please provide a copy.**

Please specify type and level:

## Risk management/hazard management

*The HSWA Act requires a system for the assessment of health and safety risks and the identification and control of all potential and actual hazards.*

Will you introduce any health and safety hazards to Ashburn Clinic?  Yes  No

Have you systematically identified these hazards?  No  Yes  N/A

Have you allocated control measures to each hazard?  No  Yes  N/A

Are all your significant hazards regularly assessed?  No  Yes  N/A

How are the hazards and control measures communicated to and reviewed with your staff?

**You will be required to provide a list of hazards relating to all tools, plant, chemicals and processes that will be used by you or introduced by you while working for Ashburn Clinic.**

## Training and supervision

*The HSWA Act requires that all staff are provided with training and supervision to enable them to undertake the work they are being asked to do in a safe manner.*

Is any training required to enable the work to be carried out safely?  Yes  No

Do you require a Licence, Certification or Registration?  Yes  No

Are your staff suitably experienced and trained or supervised to undertake this work in a safe manner?  No  Yes  N/A

*Please continue overleaf.*

	<p>Have your staff completed Asbestos Awareness training? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p>If yes, please specify:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Do you have a training plan in relation to your identified training needs? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><b>You may be required to provide documented evidence that you and your staff are adequately trained and competent in your respective fields to carry out the work undertaken for Ashburn Clinic.</b></p>
<p><b>Accidents</b></p> <p><i>It is a requirement of the HSWA Act that every employer maintain a register of all accidents and near misses. Accidents that cause serious harm must be reported to WorkSafe.</i></p> <p><i>Should an accident occur, you will be required to record and investigate it and report it to your Ashburn Clinic site contact.</i></p>	<p>Do you have a procedure for recording accident and near miss incidents? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you have a procedure for the investigation of accidents? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are the results of investigations reviewed by management? <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>You will be required to provide documented evidence that there is a procedure requiring the reporting and investigation of accidents and incidents that may happen while you or your staff are working at Ashburn Clinic.</b></p>
<p><b>Emergency procedures</b></p> <p><i>It is a requirement of the HSWA Act that potential emergency events be identified and that a management plan for both the prevention and response to such an event is in place.</i></p>	<p><b>Could the work you do at Ashburn Clinic have the potential to create an emergency situation?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you have a plan for all likely emergencies that could be generated by the work you do at Ashburn Clinic? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p>Does your plan allocate specific responsibilities to individual staff? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p>Have you performed training in relation to such emergency plan/s? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><b>We may expect documented evidence that this has been considered and that an emergency plan has been prepared for any emergencies that may be generated by the work you do at Ashburn Clinic.</b></p>
<p><b>Sub-contractors</b></p> <p><i>Under the HSWA Act, as a person controlling the business unit, you are responsible for ensuring the health and safety of any sub-contractors you hire and that they have health and safety systems in place which identify and manage any risks they may create.</i></p>	<p>Do you use sub-contractors on the work you do for Ashburn Clinic? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you verify the health and safety standards of your sub-contractors? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A</p> <p>How do you verify and monitor the health and safety performance of your sub-contractors?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><b>We may expect to see documented evidence of a process to assess your sub-contractors' health and safety systems.</b></p>
<p><b>Your Health &amp; Safety Plan</b></p>	<p>Have you attached a copy of your Health &amp; Safety Plan and Policy? <input type="radio"/> Yes <input type="radio"/> No</p>

# Service Provider Information & Declaration

## Health and safety in your organisation

Have you had any serious harm or notifiable incidents that have been reported to Worksafe NZ in the last 12 months?  Yes  No

If **Yes**, please provide details:

Have you or your business ever been prosecuted for a health and safety infringement or been served an improvement notice by WorkSafe (or its predecessor)?  Yes  No

If **Yes**, please provide details:

## Health and safety responsibility

### Who is responsible for health and safety on Ashburn Clinic work?

Name:

Position:

Email:

Telephone:

Briefly describe their qualifications and experience:

**You are required to inform Ashburn Clinic of any changes in the circumstances of your business operations or ownership that might impact upon your health and safety management and performance.**

## Declaration

*Please read and sign the following.*

***Please return completed application form and any accompanying documentation to:***

*Executive Assistant  
Ashburn Clinic  
Private Bag 1916  
Dunedin 9054.*

I, as an authorised representative of the Service Provider entering into an Agreement for Services with Ashburn Clinic, declare that all given answers in this document are true and correct. I understand that Ashburn Clinic may require additional information regarding anything in this application and I will ensure that this information is provided without delay upon request. I agree to promptly notify Ashburn Clinic if any of the supplied information changes.

By signing, the contractor agrees:

- that I have read, understood and signed the Ashburn Clinic Acknowledgement of Health & Safety Obligations;
- that I have read and understood the Contractor Health & Safety Information Book; to abide by all health and safety requirements detailed in these documents.

Name:

Position:

Signature:

Date:

# Contractor Application Decision

*For office use only.*

Correctly completed Contractor Application form.

Correctly completed Contractor Health & Safety Acknowledgement

Evidence of externally verified safety management system provided.

Other information provided as required.

**Application form has been assessed and demonstrates compliance:**

Yes

Approval granted and letter sent.

Provisional – further information required. Letter sent advising requirements. Provisionally approved for two months until: \_\_\_\_/\_\_\_\_/\_\_\_\_.

No – approval declined and letter sent.

Contractor entered into the Contractor Database.

Name:

Signature:

Date:

Ashburn Clinic staff member responsible:

Induction required?

Yes

No

Date completed: