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| Application for consent to subcontract - Independent Assessor |
| For DCJ human service contracts |
| CONTRACT MANAGEMENT FRAMEWORK | Form | Click or tap to enter a date. |
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| This form is used by Independent Assessor service providers contracted by the Department of Communities and Justice (DCJ) to apply for consent to subcontract individuals, either directly or through another organisation.  This form is a means of obtaining consent-in-advance from DCJ to subcontract:   * the services you nominate * until expiry of the contract term * subject to the conditions you agree to in the declaration. |

Instructions

Read and follow all instructions (blue text) in this form.

The form is in three parts. You must complete **all** parts.

When you have completed the form and signed the declaration, send the application by email to your DCJ contract manager. You may delete the blue instructions before submitting the form.

We strongly recommend you obtain independent legal advice in relation to this form.

# Part 1. Application details

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| --- | --- |
| Date of application | Click here to enter a date. |
| Service provider name | <your organisation’s name> |
| Service provider’s representative  The contact person for this application | Name:  Position:  Phone number:  Email address: |
| Do the proposed subcontracting arrangements give rise to any conflicts of interest?  A conflict of interest can be actual, potential or perceived.  Actual: a direct conflict exists between current official duties and existing private interests.  Perceived: it appears or could be perceived that private interests are improperly influencing the performance of official duties, whether or not that is actually the case.  Potential: private interests are not, but could come into direct conflict with official duties.  If yes provide details | Yes  No  If yes provide details |
| Name of your assigned DCJ contract manager |  |

# Part 2. Third party and due diligence

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| Name of third party (subcontractor) |  |
| Does the third party (subcontractor) have the relevant qualifications, insurances, relevant and up to date recognition by regulators, including a current Working with Children Check and National Police Certificate for the purpose of delivering child-related services, and are trained and experienced to deliver the service provision as stated in your contract with DCJ? |  |
| Have you sighted and taken a copy of the subcontractors current insurance policies? |  |
| Have you sighted and taken a copy of the subcontractors’ relevant accreditation, certification, registration or licence, as applicable for this service? |  |
| Is the subcontractor an: | Aboriginal Service Provider  ACCO  CALD Service Provider |

## Applicable contract

|  |  |
| --- | --- |
| Independent Assessor Panel Deed ID  This can be obtained from your contract |  |
| Contract start and end dates  This can be obtained from your contract. |  |

## Reason for subcontracting

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| What assessment types do you propose to subcontract?  State the services or activities as they are specified in the contract. | |  |
| Why does <your organisation’s name> propose subcontracting these services? | |  |
| Have you developed or are you planning to develop a process to manage the performance of the proposed subcontractors? | | Yes  No |
| If ‘yes’, provide an outline of the process | |  |
| How do you review or manage the quality of these assessments |  | |
| Type of arrangement proposed | Fee-for-service arrangement  Salary | |
| Duration of the subcontracting arrangement | Start date:  End date: | |

# Part 3. Service provider declaration

1. As authorised signatories\* of <your organisation’s name>, we confirm that:
   1. our governing body is aware of the additional responsibilities and obligations of subcontracting;
   2. our governing body is aware of, and approved the information in this form being submitted to DCJ;
   3. DCJ has strongly recommended we obtain independent legal advice in relation to this form; and
   4. we warrant that all information provided by us in this form is true and correct.

\* Must be an authorised signatory of the organisation, or their delegate.

#### Signature block for organisations with multiple authorised signatories

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|  |  |  |
| *Name* |  | *Name* |
|  |  |  |
| *Position* |  | *Position* |
|  |  |  |
| *Signature* |  | *Signature* |
|  |  |  |
| *Date* |  | *Date* |