The Department of Education and Training (the Department) is simplifying how Victorian Government schools engage with specialist OHS providers. This is an ‘opt-in’ service for schools to easily locate and procure the services directly with providers that have been pre-approved by the Department. Please complete the application with reference to *Simplifying the Engagement of Specialist OHS Providers – Application and Assessment Guide* (Application and Assessment Guide).

If you require assistance to complete this form please email: employee.wellbeing.reforms@edumail.vic.gov.au

Or phone: 7022 1204

# Instructions

* This is an editable document - please complete all sections.
* Type your details directly into the form, save, and send to: employee.wellbeing.reforms@edumail.vic.gov.au
* If you wish to complete the form on paper, please use black ink and BLOCK LETTERS to ensure your application readable.
* Mail hardcopies to:

Employee Health, Safety and Wellbeing Division

Specialist OHS Providers

Department of Education and Training

GPO Box 4367

Melbourne Victoria 3001

# Application Process

## Step 1: Gather your information

* Refer to the *Application and Assessment Guide* for instructions and privacy information.

## Step 2: Complete the application

* Complete all required sections of the application form.
* Attach relevant copies of qualifications, licenses and insurances listed in the *Application and Assessment Guide.*

## Step 3: Assessment process

* Your application will be assessed by the Department.
* If required, you may be contacted for more information to support your application.

## Step 4: Successful application

* You will be notified by a letter or mail if your application is successful.
* The letter/email will confirm the information about your business that will be displayed and available to all Victorian Government schools.
* You must keep your details and licenses up-to-date to remain pre-approved and the letter will provide instructions on how to do this.

## Step 5: Unsuccessful Application

* If your application is unsuccessful you will be advised.

## Step 6: Ongoing review

* You must keep your information up-to-date.
* At the Department’s discretion, your pre-approval may be removed if your credentials have expired or for other reasons relating to performance, conduct, or breach of legal obligations (Refer to the *Application and Assessment Guide* for further information).
* You can request in writing to have your pro-approval removed at any time by email (above).
* The Department collects and handles your personal information according to the Department’s [Privacy Policy](https://www.education.vic.gov.au/Pages/privacypolicy.aspx). We will use the information provided by you to assess your application, and may share it with third parties for the purposes of managing the pre-approvals information and processes. Refer to the Privacy section in the *Application and Assessment Guide.*
1. Contact details

Full name: Click or tap here to enter text.

(company or business representative)

Contact number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please indicate with ‘X’ if you prefer to be contacted by mail [ ]  (if selected, please include in the address below)

Mailing Address: Click or tap here to enter text.

Please direct any communication regarding the list or your application to: employee.wellbeing.reforms@edumail.vic.gov.au

1. Application type

For the purpose of this application, an “Entity” is defined to include a body corporate, partnership or trust structure, or any organisation with employees. This includes where you are engaging others to provide services.

What type of organisation are you? [ ]  Entity [ ]  Individual (sole trader)

1. Details of your business

Business name: Click or tap here to enter text.

Registered business: [ ]  Yes [ ]  No

ABN (Australian Business Number): Click or tap here to enter text.

ACN (Australian Company Number): Click or tap here to enter text.

Registered for GST? [ ]  Yes [ ]  No

Registered business address (not a post office box): Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Postal address (If the same as your registered address, state ‘as above’): Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Business telephone: Click or tap here to enter text.

Business email: Click or tap here to enter text.

1. Good standing

The Department is committed to safety and its values.

For the following please indicate with ‘X.’ Do you agree to ‘take reasonable care for their own and others' health and safety and will you co-operate with DET in adhering to health and safety requirements including following DET policies, procedures or instructions and participating in consultation and training’ as per the [Department’s Health, Safety and Wellbeing Policy](https://www.education.vic.gov.au/hrweb/safetyhw/Pages/hswpolicy.aspx)?

[ ] Yes [ ] No

Do you agree to align to the [Department’s values](https://www.education.vic.gov.au/hrweb/workm/Pages/Public-Sector-Values.aspx)?

[ ] Yes [ ] No

Have you, any director, officer, employee or subcontractor of an Entity to which this application relates has received a Negative Notice or Interim Negative Notice in response to an application for a Working With Children Check (WWCC)

[ ] Yes [ ] No

Have you, any director or officer of the Entity to which this application relates, either currently or previously has been a director or officer of any Entity at the date (or within 12 months prior to the date) that Entity (including the Entity applying to provide OHS Specialist Services) was charged or convicted with an offence and/or subject to the imposition of a fine under any occupational health and safety legislation or regulations. This includes but is not limited to:

|  |  |
| --- | --- |
| [ ]  Occupational Health and Safety Act 2004. | [ ]  Dangerous Goods (Storage and Handling) Regulations 2012. |
| [ ]  Occupational Health and Safety Regulations 2017. | [ ]  Equipment (Public Safety) Act 1994. |
| [ ]  Dangerous Goods Act 1985. | [ ]  Electrical Safety Act 1998. |
| [ ]  Other please specify: *Click or tap here to enter text.* |

Please provide a brief statement of any charge or conviction and provide a brief summary of any remedial action taken following the incident:

Click or tap here to enter text.

1. OHS specialist services you provide

Place an ‘X’ next to all applicable services that you provide:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Arborists - tree inspection and maintenance specialists | [ ]  Electricians | [ ]  First Aid kit supply and inspection | [ ]  Hazardous chemical waste removalists | [ ]  Height safety specialist |
| [ ]  Management of bee hives and swarm specialists | [ ]  OHS Consultants | [ ]  Plant and equipment inspection and maintenance specialist | [ ]  Shade sail specialists | [ ]  Structural engineers |
| [ ]  Test and Tagging specialists | [ ]  Wildlife handlers – snake specialists |  |  |  |

1. Where can you provide these services?

Place an ‘X’ next to municipalities within Victoria in which you are able to provide your services:

**Metropolitan Melbourne**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Banyule | [ ]  Glen Eira | [ ]  Maroondah  | [ ]  Port Phillip  |
| [ ]  Bayside | [ ]  Greater Dandenong | [ ]  Melbourne | [ ]  Stonnington  |
| [ ]  Boroondara  | [ ]  Hobsons Bay  | [ ]  Melton | [ ]  Whitehorse |
| [ ]  Brimbank  | [ ]  Hume  | [ ]  Monash | [ ]  Whittlesea  |
| [ ]  Cardinia  | [ ]  Kingston  | [ ]  Moonee Valley | [ ]  Wyndham  |
| [ ]  Casey  | [ ]  Knox  | [ ]  Moreland | [ ]  Yarra Ranges |
| [ ]  Darebin | [ ]  Manningham | [ ]  Mornington Peninsula  | [ ]  Yarra  |
| [ ]  Frankston | [ ]  Maribyrnong | [ ]  Nillumbik |  |

**Rural and regional Victoria**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Alpine | [ ]  Gannawarra  | [ ]  Macedon Ranges  | [ ]  South Gippsland  |
| [ ]  Ararat  | [ ]  Glenelg  | [ ]  Mansfield  | [ ]  Southern Grampians  |
| [ ]  Ballarat  | [ ]  Golden Plains  | [ ]  Mildura  | [ ]  Strathbogie  |
| [ ]  Bass Coast  | [ ]  Greater Bendigo  | [ ]  Mitchell  | [ ]  Surf Coast  |
| [ ]  Baw Baw  | [ ]  Greater Geelong  | [ ]  Moira  | [ ]  Swan Hill  |
| [ ]  Benalla  | [ ]  Greater Shepparton  | [ ]  Moorabool  | [ ]  Towong  |
| [ ]  Buloke  | [ ]  Hepburn  | [ ]  Mount Alexander  | [ ]  Wangaratta  |
| [ ]  Campaspe  | [ ]  Hindmarsh  | [ ]  Moyne  | [ ]  Warrnambool  |
| [ ]  Central Goldfields  | [ ]  Horsham  | [ ]  Murrindindi  | [ ]  Wellington  |
| [ ]  Colac-Otway  | [ ]  Indigo  | [ ]  Northern Grampians  | [ ]  West Wimmera  |
| [ ]  Corangamite  | [ ]  Latrobe  | [ ]  Pyrenees  | [ ]  Wodonga  |
| [ ]  East Gippsland  | [ ]  Loddon  | [ ]  Queenscliff  | [ ]  Yarriambiack |
| [ ]  **State wide/all of the above.** |

1. Previous application submission

Have you previously applied for pre-approval with the Department (i.e. via a previous application form)?

[ ]  Yes [ ]  No

1. Qualifications and licenses

|  |  |  |
| --- | --- | --- |
| Employee name/s(include all entities/individuals that you contract with to deliver the services) | Qualification(s)Note the name of the qualification and provide a copy with this application. | License(s)Note the name of the relevant license and the valid to date and provide a copy. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Refer to the *Application and Assessment Guide* document for more information in Appendix A.

Have you attached a copy of all required qualifications and licences? [ ]  Yes [ ]  No

1. Insurances

As per the *Application and Assessment Guide* provide a copy of the applicable certificate of currency for your insurance(s) to this application and mark ‘X’ to those that you are providing.

[ ]  Public Liability Insurance (minimum cover of $10 million)

[ ]  Professional Indemnity Insurance (minimum cover of $2 million)

[ ]  WorkCover Insurance (not applicable to sole traders)

1. High risk work - Safe Work Method Statement (SWMS) / job safety analysis (JSA)

A copy of a SWMS/JSA must be provided for all high risk activities as mandated by the Department prior to the commencement of work in schools. Refer to the *Application and Assessment Guide* for more details.

☐ Attach a copy of your generic SMWS/JSA for high risk activities related to the services to be provided as indicated in the category selected to this application.

1. Working with Children Checks - OPTIONAL

It is recommended to obtain a Working with Children Check (WWCC) for you and your employees and subcontractors prior to commencing work with schools. In some circumstances, this may be a requirement for the work you are engaged to perform. It is **not** a requirement to provide this as part your application. However, you may be requested to provide this at a school if engaged, as per the local school’s policy.

[ ]  OPTIONAL: please attach a copy of your (and your employees and subcontractors where relevant) current WWCC to this application.

*If you (your employees and subcontractors) have a valid WWCC, it must be presented when attending schools.*

1. Indicative pricing - OPTIONAL

Provide your indicative pricing structure to let schools know more information about your services and indicative cost prior to contacting you. Indicative pricing provided with your application will be available to schools for 12 months.

It is **not** a requirement to provide this as part your application. However, you will be requested to provide a quote to schools should they contact you for services.

Indicate with ‘X’ which rate you can provide indicative pricing for and give details:

| Indicate an ‘x’ where you can provide  | Indicative pricing  | More details |
| --- | --- | --- |
| [ ]  Hourly/Labour Rate | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  Apprentice Rate | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  Callout Rate | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  After hours rate | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  Travel Rate | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  Other: for example, price lists such as parts price lists | $ Click or tap here to enter text. | Click or tap here to enter text. |
| [ ]  Discount | Are you able to provide a discount to schools? [ ]  Yes[ ]  No | Explain the discount available to schools:Click or tap here to enter text. |

1. Applicant’s acknowledgement

I Click or tap here to enter text.…of

Click or tap here to enter text. … [business name]

Click or tap here to enter text. … [address] acknowledge that the information provided in this application is true and correct.

By submitting an application, the provider is acknowledging that they:

* have read the *Application and Assessment Guide* and have read and understood the Privacy section
* consent to provide their personal information as part of the application, and agree that it may be shared with Victorian Government schools, and may be shared with third parties for the purposes of managing the pro-approvals information and processes
* confirm that they have consulted with their staff about providing their personal information (if applicable)
* will provide regular updates as prescribed within the ‘Keeping up-to-date’ section of the *Application and Assessment Guide.*

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: Click or tap here to enter text.

Date signed: Click or tap here to enter text.

1. Final check of your application

Ensure you have: [ ]  Completed all required sections