|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Is your organisation a member of any Industry Associations? *If yes, please list.* | Yes | No  |
|  |  |  |  |
|  |  |  |  |
| **2.** | Does your organisation have a structured management system which clearly defines responsibilities and accountabilities? *If yes, please attach details and/or org chart.* | Yes | No  |
| **3.** | Do your employees hold recognised trade and/or professional qualifications relevant to the work they perform? *Please attach a list of the trade and/or professions, with associated qualifications and the number of permanent employees in each category.* | Yes | No  |
| **4.** | Are your employees members of recognised trade unions?*Please indicate the unions involved.* | Yes | No  |
|  |  |  |  |
|  |  |  |  |
| **5.** | Does your organisation have current certification to a recognised quality standard or certification planned in the future? *If yes, please specify.* | Current |   |
|  |  | Future  |   |
| **6** | Is your organisation the local WA representative, preferred supply agent or preferred repair agent for any Original Equipment Manufacturer(s). *If yes, please attach documented evidence.* |  |  |
|  |  | 1 / 2 / 3 | Representative | **1** |
|  |  | 1 / 2 / 3 | Supply Agent  | **2** |
|  |  | 1 / 2 / 3 | Repair Agent  | **3** |
|  |  | 1 / 2 / 3 |  |  |
|  |  | 1 / 2 / 3 |  |  |
| **7.** | Does your organisation have any of the following policies signed by the organisation’s Chief Executive? *If yes, please attach a copy.* |  |  |
|  | Occupational Health and Safety policy | Yes | No  |
|  | Environmental Protection policy | Yes | No  |
|  | Equal Opportunity Employment policy | Yes | No  |
| **8.** | Does your organisation have a set of standard terms and conditions for contractual purposes? *If yes, please attach a copy.* | Yes | No  |
| **9.** | Does your organisation regularly publish a standard schedule of rates for services offered? *If yes, please attach a copy of the latest schedule and indicate how often these are updated.* *.* | Yes | No  |
| **10.** | Does your organisation have Workers Compensation cover for personnel working on vessels and liability insurance cover for damage to client’s property or injury to client’s personnel? *If yes, please detail levels of cover:* | Yes | No  |
|  |  |  |  |
|  |  |  |  |
|  | **Please Note:**The HMAS SIRIUS Induction Slideshow and an Induction Questionnaire can be accessed from [www.aspdss.com](http://www.aspdss.com). Prior to commencing any task onboard HMAS SIRIUS, you/your employees will be required to view the Induction Slideshow and complete the online Induction Questionnaire. |  |  |

|  |  |
| --- | --- |
| Name of Organisation |  |
|  |  | *(Block Letters)* |  |
| Completed by: |  |  |  |
|  | *Name (Block Letters)* |  | *Title (Block Letters)* |
| Signature: |  | Date |  |
|  |  |  |  |
| ***Please return to ASP Ship Management with attachments when completed*** |