|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 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*** | | | | | | |