**FORM 1 – COMPANY DETAILS**

**Attached is the Expression of Interest of:**

|  |  |
| --- | --- |
| **Business / Corporation / Person:**  (Businesses list all proprietors) |  |
| **Postal Address:** |  |
| **Street / Physical Address:** |  |
| **Australian Business Number (ABN):** | ABN:  **OR**   * Will you be applying for an ABN?   Yes  No  (mark appropriate box) |
| **Is it proposed to sub-contract any part of the Goods and/or Services?**  If “YES”, specify full name and address of each sub-contractor and their relevant experience and expertise in relation to the offered Goods and/or Services | Yes  No  (mark appropriate box) |
| **Size** | Small  Medium  Large  Not for profit  (mark appropriate box)  *Note: Small to Medium Enterprises (SMEs)**are defined as firms with less than 200 full time equivalent employees. Under 20 full time equivalent employees is defined as Small, 20-199 full time equivalent employees is defined as Medium and 200 plus full time equivalent employees is defined as Large.* |
| **Supplier Diversity Status** | Indigenous Business  Disability Enterprise  Social Enterprise  Not Applicable  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (mark appropriate box)  *Note: Please include copies of relevant documentation to support your Supplier Diversity Status* |
| **Contact Name, Phone and Fax No:** |  |
| **Contact email address:** |  |
| **Authorised Signature(s):** |  |
| **Name(s):** |  |
| **Date:** |  |

**FORM 2 – SPECIFICATION STATEMENT**

Please provide a written statement including:

* How you are best placed to meet the scope
* Details of your knowledge and previous experience in delivery of OSHC
* Details of your knowledge, resources and systems that will enhance the delivery of the OSHC service
* Any value added services, such as innovation, operating above staff ratio

**FORM 3 – OFFER REQUIREMENTS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does your organisation understand and agree to provide the OSHC Services during the Hours of Operation outlined below:   Yes  No   |  |  |  | | --- | --- | --- | | **Period** | **Start Time** | **Finish Time** | | Before School Care | *<<00:00>>*AM | *<<00:00>>*AM | | After School Care | *<<00:00>>*PM | *<<00:00>>*PM | | Student Free Day | *<<00:00>>*AM | *<<00:00>>*PM | | Vacation Care | *<<00:00>>*AM | *<<00:00>>*PM | | Early school finishes/ end of term finishes | *<<00:00>>*AM | *<<00:00>>*PM |   Hours of Operation cannot be varied without agreement in writing from a nominated representative and relevant regulatory approvals.  *(if alternative hours of care are proposed, please attach details)*  *Response:* |
| 1. Does your organisation understand and agree that the proposed Commencement Date for the OSHC Service is 01/01/2022 (Holiday Program) and 28/01/2022 School Program?   NOTE: This date is proposed only and the exact commencement date will be agreed to by the school and any successful service provider and may depend on time taken to receive Site Licensing Approval.  Yes  No |
| 1. Does your organisation currently have provider approval to operate an OSHC service?   Yes  No  Please attach proof of this approval to the EOI response. |
| 1. Has your organisation made full disclosure of all fees and charges in the Form 6 - Pricing Schedule?   Yes  No  *If No Response:* |
| 5. Does your organisation currently have the financial capacity to deliver the service?  Yes  No  *Please provide details of your organisation’s financial capability, such as a credit check, or steps that will be taken to improve the financial capability:* |

**FORM 4 – HIGH QUALITY OSHC SERVICE**

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| --- |
| 1. Please provide information on the education program you plan to offer (r. 75)   1a. Please provide a copy of the approved learning framework for the service.  1b. Service providers are to provide a sample of a routine five (5) day program for one calendar week (Monday to Friday) for both Before and After School Care and a five (5) day sample program for Vacation Care (if applicable), highlighting the diversity and quality of the activities and inclusive of the consideration of students with a disability or special needs.  1c. Service providers are also to address their approach to the following:   * Delivery of the educational program * Staffing of the program and staff * Review/ customisation of the program * Approach to inclusion of all children   *Response:*  Has your organisation attached the sample programs?  Yes  No |
| 1. Provide details of quality resources/play equipment available to support the programs being provided for use at the school site. Include a detailed list of both, resources and equipment as well as the estimated dollar value of resources and equipment.   *Response:* |
| 1. Please identify how your organisation has implemented and compiles with the Child Safe Standards?   *Response:* |
| 1. Service providers are required to provide details of how they will continue to strive for an improvement in services at the nominated site in order to achieve higher ratings awarded by the National Quality Framework Audits?   4a. Provide a sample Quality Improvement Plan (Maximum 5 pages)  *Response:* |
| 1. Provide details of all services associated with Approved Provider’s individual Service Assessment and Ratings under the National Quality Framework (NQF). Provide the overall service rating(s).   *Response:*  Number of Services currently operated in Victoria   |  | | --- | |  |   Number of Services that have been assessed while you were the approved provider under NQF   |  | | --- | |  |   Number of Services yet to be assessed under NQF   |  | | --- | |  |   **Number of Services with each rating while you were the approved provider**  Exceeding National Quality Standard (NQS)   |  | | --- | |  |   Meeting NQS   |  | | --- | |  |   Working towards NQS   |  | | --- | |  |   Significant improvement required to meet NQS   |  | | --- | |  | |
| 1. Detail below the enrolment numbers that your organisation considers to be the minimum number required to ensure a viable OSHC Service can be provided at this school.   *Response:*   |  |  | | --- | --- | | **Service Provided** | **Minimum Enrolments** | | Before School Care |  | | After School Care |  | | Student Free Days |  | | Vacation Care |  | | Early school finishes/ end of term finishes |  |   6a. Please detail how you would manage an increase in size. |
| 1. Provide details on how children and families will benefit should your organisation be selected as the successful service provider.   *Response:* |
| 1. Provide your complaints process, including escalation procedure.   *Response:* |
| 1. Please provide copies of the following forms/documents as part of your response, as they relate to The National Law and National Regulations.  * Incident, injury, trauma and illness record forms (r.87) * Medication record forms (r.92) * Emergency and evacuation plans (r.97) * Attendance and enrolment record forms (r.158-162) * Policies and procedures (r.168 and r.171) * Storage of records policy (r.183, and as set out in r.177) * Law and regulations that will be accessible at the service (r.185)   *Response:* |

**FORM 5 – QUALITY PERSONNEL AND PROCESS**

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| --- |
| 1. Provide details of how you will recruit the staff required for the service and timeframe involved?   *Response:*  *Add cross-referenced attachment if required.* |
| 1. Provide details of your proposed team information for the delivery of the OSHC Service for this Site. This information should include:  * Detail titles, roles, responsibilities, qualifications and experiences for each title listed. * Identify the names of the personnel you plan to put forward and relevant qualifications (if applicable). * Identify which roles you plan to recruit staff for. * Outline how you intend to meet the capability requirements as outlined in the scope. * Any use of temp or agency staff   *Response:*  2a. Does your organisation agree that all relevant personnel will hold appropriate accreditations and qualifications in terms of National Quality Framework for Early Childhood Education and Care and comply with the National Law and National Regulations, prior to commencement of employment at this Outside School Hours Care service?  Yes  No  If “No”, Provide Details:  2b. Please indicate if you will provide, one month prior to commencement of services if selected, the names, qualifications, and a photocopy of the Working with Children Check or the receipt of application and contact details for all specified personnel.  Yes  No |
| 1. Provide information on your organisation’s process regarding the following:  * Enrolments * Bookings * Payments  |  |  | | --- | --- | | Payment in arrears (end users are able to pay for services after attendance) | Yes  No | | Payment in advance (end users are required to pay for services prior to attendance) | Yes  No |   Accepted payment methods:   |  |  | | --- | --- | | Direct debit | Yes  No | | Cash | Yes  No | | Cheque | Yes  No | | Money order | Yes  No | | Credit card | Yes  No | | BPay | Yes  No | | Other (please specify): | Yes  No |   If Yes, advise any Surcharge Fee(s) that apply (e.g. Credit Cards) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Response:*  *Add cross-referenced attachment if required.* |
| 1. Please advise whether the nominated facilities identified in the scope provide sufficient space for you to operate a service with the estimated numbers provided.   *Response:* |

**FORM 6 – PRICING SCHEDULE**

All amounts quoted are to be exclusive of GST. Prices are not to include rebates or discount structures.

Please also include information on the process for setting and revising fees.

Services fees

|  |  |  |
| --- | --- | --- |
|  | **2022 - 2024** | |
| Before School Care | Regular | $ |
| Late Booking | $ |
| After School Care | Regular | $ |
| Late Booking | $ |
| Student Free Day | Regular | $ |
| Late Booking | $ |
| Holiday Program / Vacation Care | Regular | $ |
| Late Booking | $ |
| Late collection Fees  (If fees apply, detail how these are calculated). | Late collection | $ |

With regard to other fees chargeable table below, the School would not expect these increase beyond CPI for each subsequent year of the contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Fees Chargeable** | | **Fee Amount** | | **Provide details** |
| Enrolment, Membership or Application fee (please indicate) | |  | |  |
| Absence Fee (advice of the absence is received)  Please indicate whether the normal session fee would be charged and if a penalty charge is applied or if there is no charge applicable. | | Session Fee | Penalty Fee |  |
| Absence Fee (No notification of a child’s absence from the service) Please indicate whether the normal session fee would be charged and if a penalty charge is applied | | Session Fee | Penalty Fee |  |
| Any other fees/charges (expand table as required) This is to include any charges applicable to payment of accounts | |  | |  |
| Please provide information regarding incursions provided by your organisation including the type of incursions available, fees and cancellation policy. |  | | | |
| Please provide details of any situations where fees are adjusted, e.g.: siblings |  | | | |
| Please provide information regarding excursions provided by your organisation including the type of excursions available, fees and cancellation policy. |  | | | |

**FORM 7 – CONFLICT OF INTEREST DECLARATION**

I / We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ make the following declaration of any actual or perceived conflict of interest, including but not limited to any pecuniary or other interests in [insert school name] or any relationships our staff and office bearers have with [insert school name] management, staff and/or School Council members.

**Name (print)**

**Signed:**

**Date:**

**FORM 8 - REFEREES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Where possible, provide details of up to three (3) customers (preferably schools) to which your organisation has/is provided/providing a similar Service. NOTE: These schools MAY be contacted to verify past/present performances.  |  |  |  |  | | --- | --- | --- | --- | | **ORGANISATION** | **CONTACT PERSON** | **CONTACT NUMBER** | **EMAIL ADDRESS** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |