



Royal South Australian Yacht Squadron Inc.

APPROVED CONTRACTOR AGREEMENT

CONTENTS

- A. Preamble
- B. Definitions
- C. Agreement Checklist
- D. Approved Contractor Fees
- E. Amendments

Appendix 1 – Waiver
Appendix 2 – Checklist
Appendix 3 – Application Form

A. PREAMBLE

The Royal South Australian Yacht Squadron Inc. (RSAYS) has and maintains a range of facilities and infrastructure as part of its Club Operations. This includes but is not limited to, the marinas, hard stands, dry stands, chain moorings, slip and boat maintenance area, boat ramps, cranes, fuelling berth, maintenance wharfs, etchells slipway and clubhouse infrastructure.

The RSAYS is committed to ensure that we meet our responsibilities under the Work Health & Safety Act 2012 and that includes ensuring any contractors working on site are approved and have been availed of and agree to abide by the club's WH&S Policy. A check list will form part of the agreement to ensure approved contractors have the appropriate levels of insurance and internal policies and procedures to conduct business on our site.

RSAYS is continually reviewing its procedures and policies and may from time to time update these due to one or more of the following regular activities

- Conducting a risk assessment
- Implementing control measures
- Maintaining and reviewing information and instruction to ensure authorised persons are aware of safe procedures for operation.

IMPORTANT: It must be noted that the RSAYS is responsible for the maintenance and safe working conditions of all its infrastructure. Any contractor operating outside these policies and procedures or not in accordance with the WH&S Act 2012 will be totally liable for any incident.

B. DEFINITIONS

In this Contractor agreement unless contrary intention appears:

a) An "authorised person" shall refer to all contractors that have been trained and approved by the Public Officer or his/ her nominated delegate to use any of the club's facilities. No person under the age of 18 years of age will be approved to be an 'authorised person'.

b) "the Club" shall mean the Royal South Australian Yacht Squadron Incorporated (RSAYS)

c) "the Public Officer" shall mean the Public Officer of the Club appointed by the Management Committee from time to time pursuant to the Constitution and Rules of the Club

C. AGREEMENT CHECKLIST

Attached is a Contractor Checklist (Appendix 2). This must be completed as part of the application. Please attach copies of all documents for our files. Failure to supply copies of documents may preclude you from working on the RSAYS premises.

Contractors are reminded of the obligation to report any incident or maintenance issue to the office immediately. Office hours are from 9am to 5pm Monday to Friday and from 9am to 4pm on weekends. Should you be starting your works before the office opens please contact the clubhouse on 8341 – 8600 to advise.

D. APPROVED CONTRACTOR FEES

Part of the application is the payment of an annual fee for site access through a gate tag. These tags are non-transferrable and the responsible person nominated on the application will be held liable for any incident found attributable to the presences of anyone who has gained access through the gate tag issued. This will also void the approval of the contractor and anyone associated with the contractor.

Fee Structure:

Annual fee: (Includes one (1) gate access tag	\$186
Replacement gate tags	\$50

Note: If the contractor is already a member, these fees will be waived so long as the membership is maintained and paid when due.

E. AMENDMENTS

The RSAYS reserves the right to review and change any of its policies and procedures in accordance with its own processes and changes in the law. These amendments will be made available at any time to be viewed by an approved contractor. As part of the agreement you also agree to be bound by any amendments that the RSAYS enacts as part of its regular review process.

Contractor Waiver

I _____ assume all risks associated with the conducting of the services I offer as a contractor as an 'authorised person' that has been approved to operate on the premises.

I have received an induction relating to the use of any of the club equipment I intend to use and acknowledge and will abide with the conditions as set out in the RSAYS' WH&S document. I understand that this document may be reviewed from time to time.

I understand that the 'authority' issued to me by the Club can be revoked at any time by the Public Officer of the Club or his/her nominated delegate without explanation.

I declare that I have received training, if required, by a competent person employed by the RSAYS and that I do not need assistance from Club staff to operate on this facility. I understand that if assistance is required the RSAYS can provide assistance by appointment and that a fee may apply.

Signed

Date

Office Use Only

Received by (print name & sign) Date



RSAYS Contractor Insurance & Work Health and Safety Checklist

Contractor / Company Name: _____

Contractor / Company Address: _____

Contact Person: _____

Telephone No Office: _____ Mobile: _____

Work to be undertaken / performed:

Insurance's in Place:

- | | | |
|---|-----|----|
| • Third Party Indemnity/Property Damage | Yes | No |
| • Work Cover (Workers Compensation Insurance) | Yes | No |
| • Professional Indemnity/Public Liability | Yes | No |
| • Comprehensive Insurance on all Company Vehicles | Yes | No |

Work Health and Safety Policy and Management

- | | | |
|--|-----|----|
| • Does the Contractor / Company have a WH&S policy? | Yes | No |
| • Does the Contractor / Company have a WH&S manual? | Yes | No |
| • Does the Contractor / Company have safe working policies and procedures? | Yes | No |
| • Does the Contractor / Company have a permit to work system(s)? | Yes | No |
| • Does the Contractor / Company have incident and 'near miss' reporting? | Yes | No |
| • Does the Contractor / Company investigate all reported incidents and 'near misses'? | Yes | No |
| • Does the Contractor / Company have plant management procedures and maintenance? | Yes | No |
| • Does the Contractor / Company have a hazardous substances management system? | Yes | No |
| • Does the Contractor / Company manage manual handling tasks and risks? | Yes | No |
| • Does the Contractor / Company conduct work site inspections / safe working at heights? | Yes | No |
| • Does the Contractor / Company provide health and safety training? | Yes | No |

Answering "Yes" confirms you have these WH&S requirements in place. RSAYS may wish to sight these documents. Answering No to any of the questions may prevent you being a Contractor to RSAYS if the request is applicable to your service industry.

Signed:

Contractor / Company: _____ Date: _____

APPLICATION FOR CONTRACTOR APPROVAL

Category Applying for: Contractor \$ 186 2017/2018 FINANCIAL YEAR



Applicant Details (Master Account Holder) Driver Licence No
 Title (circle) Mr Mrs Miss Ms Dr Other (specify) Date of Birth
 First Name Last Name

Contractor's Company Details (if applicable)
 Industry company specialises in
 Company Name Trading As
 ABN ACN
 Postal Address: No: Street: Suburb: State: Post Code:
 Business Address (must be supplied): No: Street: Suburb: State: Post Code:

Email Address
 Mobile Home Phone
 Business No Fax No

The applicable Fees must accompany this application for processing, along with copy of Driver's Licence
rsays@rsays.com.au | 161 Oliver Rogers Rd, Outer Harbor SA 5018 | www.rsays.com.au | (08) 8341 8600

PAYMENT DETAILS TOTAL AMOUNT PAYABLE: \$

Payment by: Cash Cheque Credit Card Tick  

Card No. CCV

Name On Card (please print)..... Expires /

Card Holder Signature.....

Membership Declaration
 I/We apply for contractor approval of the Royal South Australian Yacht Squadron, and if approved by the Public Officer or delegate I agree to be governed by the Club's Constitution and By-Laws, Policies and procedures, observe those rules and regulations and adhere to them, and declare that the foregoing information is true and correct in every particular.
 I/We agree that, when my/our approval ceases, I/We shall still be liable to the Royal SA Yacht Squadron for fees and debts owing to the squadron. I/We are liable for any debts incurred to recover monies owing including debt collection fees, court cost and other legal associated fees. Correspondence is sent via email (on occasion alternative delivery methods are utilised), unless otherwise requested.

Signature of Applicant (Account Master) **Date**

OFFICE USE ONLY

Date Payment Received	MEMBERSHIP NO
<input type="checkbox"/> MEMBER SERVICES: Signed Application recieved	<input type="checkbox"/> MEMBER SERVICES: Set up in PowerClub (including company details)
<input type="checkbox"/> MEMBER SERVICES: Signed Waiver Recieved.	<input type="checkbox"/> MEMBER SERVICES: Signed Checklist recieved
<input type="checkbox"/> MEMBER SERVICES: Company details and identity checked	<input type="checkbox"/> MEMBER SERVICES: Insurance documents received

Membership Application, approved by Public Officer **Date**

<input type="checkbox"/> MEMBER SERVICES: Gate Tag issued	<input type="checkbox"/> MEMBER SERVICES: Added to email distribution list	<input type="checkbox"/> MEMBER SERVICES: Acceptance Letter Issued
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