

**SERVICE PROVIDER ANNUAL COMPLIANCE RETURN (ACR) 2018**

<b>SERVICE PROVIDER NAME:</b>	
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I/We, the duly authorised signatory for the above Service Provider, confirm that the Chair of the Board of Management and/or Management Committee and CEO/General Manager are aware of all ongoing responsibilities and contractual obligations for compliance with the terms and conditions of the Community Transport Service Contract between the organisation and TfNSW, which include:

(please tick as appropriate)

	Compliant	Partially Compliant	Not Compliant #
1) Provision of accurate and timely <b>Reporting</b> of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Compliance with relevant <b>legislation, policy and CHSP/CCSP/CTP standards</b> including:			
a) Legislated <b>criminal record</b> and <b>working with children</b> checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) Community Care Common Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) <b>Third Party Verification</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Implementation of appropriate <b>probity in employment</b> checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Compliance with <b>Driver Authorisation</b> requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Maintaining appropriate levels of <b>insurance</b> including agreed levels of public indemnity and adequate cover for volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Maintaining appropriate <b>complaints handling</b> practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Meeting the agreed <b>Outputs and Outcomes</b> as specified in the Schedules of Service/Program Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Ensuring <b>risk identification, risk management</b> and reporting requirements are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# see definitions on Action Plan

[I/We] certify, as duly authorised representative/s on behalf of this organisation, that the above answers are a true, accurate and reliable view of the current performance of the organisation. To the best of [my/our] knowledge and belief there are no circumstances which render any information provided to be misleading, inaccurate or unreliable.

[I/We] confirm that these results have been agreed/endorsed by the [Chair of the Board of Management and/or Management Committee and CEO/General Manager] who has been provided a copy of the attached Action Plan indicating the steps being taken to address partial and/or non-compliance. The Board will ensure that areas identified as partially compliant and/or non-compliant will be addressed as outlined in the attached Action Plan.

\_\_\_\_\_  
*Signature of authorised representative*

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Name of authorised representative*

\_\_\_\_\_  
*Name of witness*

\_\_\_\_\_  
*Position of authorised representative*

\_\_\_\_\_  
*Position of witness (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**Please complete and return the signed Annual Compliance Return (and Action Plan, if applicable) to [community.transport@transport.nsw.gov.au](mailto:community.transport@transport.nsw.gov.au) by 31 October 2018.**

## SERVICE PROVIDER COMPLIANCE ACTION PLAN

### Definition of Terms

- **Compliant** – the organisation currently complies with ALL requirements as set out in the TfNSW Community Transport Service Contract.
- **Partially Compliant** – the requirements are not fully met or the outcome is only partly effective.
- **Not Compliant** – the requirements are not met or the outcome is not effective.

This Action Plan is to be completed where there are items marked partially compliant or non-compliant in the ACR. The Action Plan is to be brought to the attention of the Board prior to submission to TfNSW to remind members of their fiduciary and organisational responsibilities and ensure the risks associated with partial and/or non-compliance are being suitably addressed.

<b>SERVICE PROVIDER NAME:</b>	
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### Actions and Timeframes *\*please attach a separate sheet if required*

Area of partial or non-compliance	Outcome to be achieved	Action to be undertaken	Responsibility / Due date
1) Reporting			
2) Legislation, Policy, and/or Standards			
3) Driver Authorisation			
4) Insurance			
5) Complaints			
6) Outputs and Outcomes			
7) Risk Management			

Prepared By (NAME):	Date:
Prepared By (SIGNATURE):	