


Client Request for Proposal – Third Party Verification Audit

This questionnaire helps us to understand your service streams and provide you with a proposal for verification.
PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS.

Please tick applicable box		
Are you currently Certified to any of the below standards? (Tick all that apply)		
<input type="checkbox"/> ISO 9001 <input type="checkbox"/> Currently certified to any program funded by FaHCSIA/DEEWR (Please Name) _____ <input type="checkbox"/> Other (please list) _____		
Number of years certified to the existing standards?		
NSW Disability Services Standards (Tick services required)		
<input type="checkbox"/> Verification Assessment <input type="checkbox"/> GAP Assessment <input type="checkbox"/> Training		
List all service streams, as defined by ADHC funding contracts/NDIS Clusters		
1. 2. 3. 4.		
List all sites with address, programs offered at each site and consumers receiving service at each site		
Site Address	Programs Delivered	No. of Consumers Serviced

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Organisation Details				
Organisation Legal Name:				
Trading Name:				
ABN:				
Street Address:				
Suburb:				
State / Postcode:	State:	Postcode:		
Contact Details				
Nominated Management Name (representative tier Quality Assurance)	Title	Location	Phone	Email
Target Date for Verification Assessment:				
		Name & Position	Date	
Authorised Signatory (please sign):				

 **In signing this request for proposal form, I verify that I am an authorised company signatory able to act on the companies behalf.**

Thank you for considering BSI as your preferred certification body. Please return this form to BSI.

We will get in touch with you as soon as we receive the form to discuss further details.

For further information call 1300 730 134

Fax Back Forms to 1300 730 135 or Email to: sales.aus@bsigroup.com