**Third Part Verification (TPV) Supplier Listing Conditions**

* 1. National Disability Services (NDS), on behalf of the Department of Family and Community Services; Ageing, Disability and Home Care (ADHC) administers the TPV supplier listing, which provides a list of third party verifiers who are approved to undertake verifications of service providers’ compliance with the practice requirements of the New South Wales Disability Services Standards (NSW DSS).
	2. To be included on the TPV Supplier List, applicants have been required to provide evidence demonstrating their capacity to meet all of the Conditions of Participation. Having been assessed as meeting the Conditions for Participation, applicants need to continue to meet those Conditions.
	3. To continue to be included on the TPV Supplier Listing, an Applicant must meet the following conditions for participation:

**Threshold Conditions for Participation**

* + provide evidence of being accredited by Joint Accreditation System of Australia and New Zealand (JAS-ANZ) or International Society for Quality Care (ISQua).

**Qualitative Conditions for Participation**

* + have demonstrated experience in providing similar verification services to service providers;
	+ have demonstrated ability to provide robust verification reports substantiated by evidence to support recommendations;
	+ have demonstrated ability to conduct an independent verification process and ensure the integrity of the process;
	+ have demonstrated understanding of the New South Wales Disability Services Standards (NSW DSS), the Quality Policy for ADHC funded services, Operating Guidelines for certification bodies to verify compliance with the NSW DSS, and the NSW Transitional Quality Assurance and Safeguards Working Arrangements, and;
	+ have an effective strategy for ensuring all personnel are appropriately qualified and have sufficient understanding of disability services and engaging with people with disability prior to performing the verifications.
	1. Appointment to the TPV Supplier List does not guarantee that service providers will procure any TPV verifications. The verification process, and any associated activities are carried out at the sole risk of the third party verifier.
	2. NDS has relied on your representation in your original Expression of Interest (EOI) and has been prepared to include your name, address and contact details on their contact list to assist service providers in NSW to identify appropriate organisations to undertake the verification process.
	3. It is a condition of listing that you continue to comply with each of the following:
		+ 1. You provide current information as requested in the Conditions of Listing form (Attachment A) and will notify NDS immediately there is a material change to any of the information provide in this form.
			2. You have, and will maintain all relevant authorities and approvals from any relevant body and are appropriately accredited and qualified to provide the identified services.
			3. You have transparent mechanisms in place to ensure you will not verify any works undertaken by you or works undertaken at your direction or control.
			4. You will provide the services to any service provider:
				1. in a professional, courteous and responsible way.
				2. with due care and skill and to the best of your knowledge and expertise.
				3. in accordance with:

if the service provide has a Funding Agreement with ADHC, the agreement with the service provider,

if the service provider is registered with or wishes to register with the NDIS, any standards, business rules or administrative procedures set out in the *NSW Transitional Quality Safeguards and Working Arrangements,*,

any codes or guidelines relevant to the provisions of the services.

* + - 1. You will ensure that when carrying out the services under any agreement with a service provider that you do not cause any unreasonable or unnecessary disruption to the routines, procedures or responsibilities of the service providers, ADHC, the NDIA or NDS.
			2. You will maintain confidentiality in relation to any information that you obtain from NDS or a service provider in relation to their respective business operations or any other aspect of their corporate or personal affairs.
			3. You will attend any information briefing sessions facilitated by NDS or ADHC and participate in any evaluation activity in order to ensure a consistent and effective approach to the program by organisations providing services to service providers.
			4. You immediately notify NDS of any complaints by service providers in relation to any aspect of your service.
			5. That you will identify and immediately report to NDS any conflicts of interest that may arise and will not verify any work, document or process that has been supplied by you to the service provider with which the conflict has arisen.
			6. If requested, you will supply evidence to NDS in relation to verification processes undertaken by you in respect of service providers to assure NDS that such service have been delivered to the standard and cost agreed to in any agreement between you and the service provider. NDS shall treat any information provided in accordance with its obligations under the [Privacy and Personal Information Protection Act 1998](http://www.austlii.edu.au/au/legis/nsw/consol_act/papipa1998464/).
			7. You will provide to the service provider
				1. a copy of any verification certificate confirming a positive outcome;
				2. a copy of any verification statement notifying the service provider of negative outcomes and follow up action to address gaps in meeting the service standards or requirements of ADHC.
			8. You agree that, if, in the reasonable opinion of NDS, you breach any of these conditions you may be removed from the listing.

**NOTE: NDS has engaged Engels Floyd and Associates to support the management of the TPV Supplier list. All enquiries and communication regarding the TPV supplier list should be directed to** **engelsfloyd@gmail.com**

**THIRD PARTY VERIFICATION SUPPLIER LISTING – CONDITIONS OF LISTING FORM ATTACHMENT A**

**Please return this form to Engels Floyd and Associates at** **engelsfloyd@gmail.com**

Applicant’s Details

| **Full Legal Name** |  |
| --- | --- |
| **Trading Name** |  |
| **Postal Address** |  |
| **Address for Notices (if different to Postal Address above)** |  |
| **ACN/ARBN (if applicable)** |  |
| **ABN (if applicable)** |  |

Section 2: Applicant’s contact officer

| **Name** |  |
| --- | --- |
| **Position** |  |
| **Email Address** |  |
| **Telephone Number** |  |

**APPLICANT DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert full name of person signing the declaration]

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert address]

am currently a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert position/title in Applicant organisation – e.g. Proprietor, Director, Partner, President]

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert full legal name of Applicant – ‘my organisation’]

authorised to make this declaration on its behalf.

**Offer of Statement of Compliance**

I confirm that:

* + - 1. The information provided in this Conditions of Listing Form is true and correct.
			2. I have read and understood and my organisation meets the requirements for Conditions for Participation, and agrees to the compliance requirements and the associated material.

**Conflict of Interest**

* + - 1. To the best of my knowledge, having made all reasonable enquiries, there are no circumstances or relationships which constitute or may constitute an actual, potential or perceived conflict of interest relating to these Conditions of Listing.

[Signature of the person making the declaration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert address]

On the: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert date]

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and occupation of the person before whom the declaration is made:

Name:

Address:

Occupation:

Date: