

# Safeguarding Third-Party Use of Facilities Agreement

This agreement is to be filled out by an authorised person from the third-party group intending to use NWQICSS facilities.

This agreement will be reviewed twelve months from signing, or terminated earlier at the discretion of North West Queensland Indigenous Community Social Services.

<b>Name of group using facilities:</b>	
<b>Address of group using facilities:</b>	

## Contact of authorised person representing group using facilities:

<b>Name:</b>	
<b>Position:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

## Purpose of using facilities:

(Does the purpose of the program and the intended behaviours of the group personnel align with NWQICSS Safeguarding Statement of Commitment and Safe Conduct Standards?)


<b>Commencement Date of Agreement:</b>	
<b>End Date of Agreement:</b>	

*This agreement may be terminated earlier at the discretion of NWQICSS if safeguarding concerns or breaches are identified. In such cases a notification to terminate the agreement will be provided in writing to the authorised person using the facilities.*

## Safeguarding Checklist for Third Parties using Facilities

The name and details of the group using the facilities have been provided.

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The purpose and intended activities align to NWQICSS Safeguarding Statement of Commitment and Safe Conduct Standards.

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The group has been given a copy of the Safeguarding Statement of Commitment and Safe Conduct Standards.

The group using the facilities has provided their own safeguarding policy and relevant risk assessment for the activities/use of the facilities.

Where relevant, they have been discussed with the group on appropriate behaviour and expectations of participants.

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A list of NWQICSS emergency contact details have been provided to the authorised person so they know who to contact in an emergency.

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The details of public liability insurance held by the group has been provided and attached to this form. A summary of public liability insurance details can be added below (if required):

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<b>Name of authorised person using facilities:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Name of NWQICSS representative:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	

When completed, email to NWQICSS Safeguarding Officer <mailto:safeguarding@nwqicss.org>