





# Application to Become a Work Program Community Project

|  |   |   |
|--|---|---|
|  | <p>Does the organisation have public liability insurance?<br/>(It is mandatory for the project to have public liability insurance.)</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes is selected, please attach a copy</p>   |
|  | <p>Is the proposed project a non-profit organisation?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
|  | <p>Details of major sources of funding:</p>   | <p>Fund Raising <input type="checkbox"/></p> <p>Fees <input type="checkbox"/></p> <p>Govt. Grants <input type="checkbox"/></p> <p>Govt. Dept. Budget <input type="checkbox"/></p> <p>Subsidies <input type="checkbox"/></p> <p>Other (Specify) <input type="checkbox"/></p> |
|  | <p>Is the work normally carried out by paid / voluntary staff?</p>  | <p>Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p>   |
|  | <p>On what days is work available?</p>  | <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/></p> <p>Wed <input type="checkbox"/> Thur <input type="checkbox"/></p> <p>Fri <input type="checkbox"/> Sat <input type="checkbox"/></p> <p>Sun <input type="checkbox"/></p>                                     |
|  | <p>How many workers can be employed on the project?</p>   |   |
|  | <p>What hours can the work be performed on the project site?</p>  | <p>Weekdays: _____ am to _____ pm</p> <p>Weekends: _____ am to _____ pm</p>   |



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|   | <p>Are the following tasks or equipment types to be used by community service workers?</p>  | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Mowers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ride-on Mowers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brushcutters</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electrical equipment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heavylifting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Scaffolding or ladders over 1800mm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other equipment or Machinery (Specify)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Note: Tractors and chain saws are NOT to be used</b></p> |  | Yes | No | Mowers     | <input type="checkbox"/> | <input type="checkbox"/> | Ride-on Mowers | <input type="checkbox"/> | <input type="checkbox"/> | Brushcutters | <input type="checkbox"/> | <input type="checkbox"/> | Electrical equipment | <input type="checkbox"/> | <input type="checkbox"/> | Heavylifting | <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding or ladders over 1800mm | <input type="checkbox"/> | <input type="checkbox"/> | Other equipment or Machinery (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | ..... |  |  | ..... |  |  |
|---|---|---|--|-----|----|------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|-------|--|--|-------|--|--|
|   | Yes   | No  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Mowers  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Ride-on Mowers  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Brushcutters  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Electrical equipment  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Heavylifting  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Scaffolding or ladders over 1800mm  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Other equipment or Machinery (Specify)  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| .....   |   |   |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| .....   |   |   |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
|   | <p>Are chemicals to be used? If so, indicate type:</p> <p><b>Note: Material Safety Data Sheets and any specified Personal Protective Equipment are to be supplied.</b></p>  | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Industrial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Domestic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Agricultural</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>  |  | Yes | No | Industrial | <input type="checkbox"/> | <input type="checkbox"/> | Domestic       | <input type="checkbox"/> | <input type="checkbox"/> | Agricultural | <input type="checkbox"/> | <input type="checkbox"/> |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
|   | Yes   | No  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Industrial  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Domestic  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| Agricultural  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
|   | <p>Who is the Workplace Health and Safety Officer/Representative for your organisation?</p>   | <p>.....</p>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
|   | <p>Does the proposed project have a liquor licence?</p>   | <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>  |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
| <p><b>FOR PROJECTS PROVIDING TOOLS &amp; EQUIPMENT</b><br/>(If project is not providing tools and equipment for project do not complete this section)</p> |   |   |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |
|   | <p>Are all tasks involving plant compliant with Rural Plant Code of Practice 2004?</p> <p>Is equipment in a safe condition?<br/>(Safe condition means all original safety guards fitted, tested and tagged (if electrical equipment) or connected to safety switches, safety stop switches place, maintained to manufacturer specifications, compliant with any relevant codes of practice/guides.)</p> | <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>   |  |     |    |            |                          |                          |                |                          |                          |              |                          |                          |                      |                          |                          |              |                          |                          |                                    |                          |                          |  |                          |                          |       |  |  |       |  |  |



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| FOR PROJECTS THAT INVOLVE WORKING AT HEIGHTS ON LADDERS/SCAFFOLDING<br>Do not complete if NOT working from heights.          |                              |                             |
|--|------------------------------|-----------------------------|
| Have risk assessments been completed regarding working at height?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have appropriate methods of fall prevention been employed (e.g. guard railing, fall restraints etc.)?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have all workers been trained in outcomes of risk assessments and safe work procedures?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will supervision by QCS be required?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the project provide a community supervisor?<br>(Community Supervisors are to complete a supervisor's induction package) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| FOR PROJECTS SUPERVISED BY A COMMUNITY MEMBER<br>(If project does not have a community supervisor do not complete this section)   |                              |                             |
|---|------------------------------|-----------------------------|
| Have all personnel responsible for transport and supervision of workers undertaking community service consented in writing on the attached consent form to undergo a criminal history check?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are supervisors a "competent person" in the tasks being undertaken by the prisoners? (supervisor should be trained/qualified in the job being undertaken and trained in the use of required equipment. Training should be recorded) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is onsite safety induction provided to all workers?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have risk assessments been conducted for the activities to be undertaken, including working at height and manual handling tasks?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are safe work procedures available and communicated to all workers using equipment or procedures before work begins?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Note:</b> A person responsible for transport and/or on-site supervision of prisoners performing community service is required to undergo a criminal history check and complete the attached consent form.                        |                              |                             |



# Application to Become a Work Program Community Project

|                                   |  |
|-----------------------------------|--|
| <b>Project Supervisors names:</b> |  |
|                                   |  |
|                                   |  |
|                                   |  |

|                                |  |
|--------------------------------|--|
| <b>Details of Supervision:</b> |  |
|                                |  |
|                                |  |
|                                |  |

I understand that I must advise any change of Contact Person details if the project is approved.

**Privacy Statement**

Queensland Corrective Services is collecting the information on this form to assess and determine an application to establish a Work program community service project under Sections 263 and 341 of the *Corrective Services Act 2006*.

Queensland Corrective Services usually gives some or all of this information to the Queensland Police Service or other State, interstate, Commonwealth and international government departments or other entities; to private organisations which provide services to offenders and, in some circumstances, to individuals.

|                  |  |              |   |   |
|------------------|--|--------------|---|---|
| <b>Signed:</b>   |  | <b>Date:</b> | / | / |
| <b>Name:</b>     |  |              |   |   |
| <b>Position:</b> |  |              |   |   |



# Application to Become a Work Program Community Project

**DO NOT COMPLETE UNLESS PROVIDING A SUPERVISOR**

**Consent:** I hereby authorise Queensland Corrective Services to obtain details of my criminal history for the purpose of determining my suitability to transport and/or supervise offenders undertaking community service.

|                     |  |
|---------------------|--|
| Full Name:          |  |
| * Maiden Name:      |  |
| * Alias/es:         |  |
| Address:            |  |
| Telephone Number:   |  |
| Date of Birth:      |  |
| Place of Birth:     |  |
| Signature:          |  |
| Witness' signature: |  |

|                     |  |
|---------------------|--|
| Full Name:          |  |
| * Maiden Name:      |  |
| * Alias/es:         |  |
| Address:            |  |
| Telephone Number:   |  |
| Date of Birth:      |  |
| Place of Birth:     |  |
| Signature:          |  |
| Witness' signature: |  |



# Application to Become a Work Program Community Project

| Community Advisory Recommendation |        |
|-----------------------------------|--------|
| Project Recommended:              | Yes/No |
| Conditions/Comments:              |        |
|                                   |        |
|                                   |        |
| CAC Chair/Signature:              | Date:  |

| Queensland Corrective Services Office Use Only   |   |
|--|---|
| Facility:  |   |
| Manager/Coordinator:                             |   |
| Criminal History Check Complete:                 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Workplace Health and Safety Assessment Complete: | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Recommended:                                     | Not Recommended:  |
| Reasons:   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Name:  |   |
| Signature:                                       | Date:   |

|                                       |                                   |                                       |
|---------------------------------------|-----------------------------------|---------------------------------------|
| Chief Superintendent / Superintendent | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> |
| Name:                                 |                                   |                                       |
| Position:                             |                                   |                                       |
| Signature:                            | Date:                             |                                       |



OFFICIAL

# Work Program Community Service Project Workplace Health and Safety Assessment

|   |                                 |                          |
|---|---------------------------------|--------------------------|
| Version: 2.3                              | Implementation date: 07/04/2022 | Admin Form<br><b>163</b> |
| Security Classification: <b>SENSITIVE</b> |                                 |                          |

## Information for Community Projects

Queensland Corrective Services (QCS) regards on-site safety as a high priority for community service projects.

It is the responsibility for the external organisation to ensure compliance with the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2011*. In practice, this means ensuring that workers are not exposed to risks to their health and safety that are foreseeable. For example, this form is to accompany all new applications to become Community Work Projects and Work Project Annual Updates.

## Community Supervised Community Project Sites Only

### Induction/Instruction/Training

Before commencing on site, the prisoner should be given a safety induction covering such things as emergency response procedures, safe work procedures, and instruction in the safe use of required equipment and/or chemicals and associated Personal Protective Equipment (PPE) as per manufacturers/suppliers instructions.

Before a service worker commences a work task, the following positive steps must be undertaken by the project supervisor:

- identification of all tasks involved, identification of safety risks associated with tasks, and developing safe work procedures;
- checking of equipment to ensure it is in safe, working order;
- ensuring that a prisoner is capable of using any required equipment;
- instructing the prisoner regarding safe work practices;
- ensuring the prisoner is utilising appropriate personal protective equipment; and
- ensuring ongoing, adequate supervision of prisoners.

Details of induction and training provided must be provided to the Corrective Services Field Supervisor.

### Supervision

This means supervision to the extent that the supervisor is confident work is being carried out in a safe manner. Supervisors should be competent in the use of any equipment and have any required certification as necessary.

If a prisoner is engaged in a potentially hazardous work task, for example, using a brush cutter, it is important that:

- the supervisor ensures that the prisoner has knowledge of the correct and safe method of using the equipment;
- when the supervisor is satisfied the prisoner has the ability and knowledge to use the equipment, the supervisor is required to provide a level of supervision commensurate with the relative danger of the work; and
- the necessary protective equipment is being used / worn by the prisoner.

SENSITIVE





OFFICIAL

# Work Program Community Service Project Workplace Health and Safety Assessment

## Accident

A first aid kit must be available at a project. The contents of the kit should cover all injuries which might conceivably occur at the workplace (see the First Aid in the Workplace Code of Practice 2019 for guidance).

In the event of a worker being involved in an accident at the project, the community supervisor must report the accident to the Corrective Services Field Supervisor as soon as possible. Details of the accident must be recorded, as required in Division 4 of the *Work Health and Safety Act 2011*.

## Notifiable Incidents

The *Work Health and Safety Regulation 2011* and the *Electrical Safety Regulation 2013* require certain incidents to be reported to Workplace Health and Safety Queensland and the Electrical Safety Office respectively. Generally, these incidents must be reported within 24 hrs to the relevant authority (or immediately in the case of workplace death).

If a notifiable incident occurs, please notify Workplace Health and Safety Queensland and the relevant corrective services facility immediately.

## Summary

The *Work Health and Safety Act 2011* has placed a clear focus on the duties of relevant employers, persons conducting a business or undertaking and persons in control of workplaces to ensure the health and safety of workers and/or other persons.

Employers, persons conducting a business or undertaking, and persons in control of workplaces amongst others, may be liable to be prosecuted under the *Work Health and Safety Act 2011* if their duties under the Act are not discharged.

During the project the applicant organisation assumes all obligations and responsibilities as applicable under the:

- *Work Health and Safety Act 2011*.
- *Work Health and Safety Regulation 2011*.
- *Electrical Safety Act 2002*.
- *Electrical Safety Regulation 2013*.
- any other relevant safety legislation that may come into force after the development of this form.

**If a project supervisor is in doubt about any aspect of safety relating to a prisoner engaged in a community service project, they should contact the relevant corrective services facility or Workplace Health and Safety Queensland for clarification.**

## WORK PROGRAM COMMUNITY PROJECT HEALTH AND SAFETY ASSESSMENT

### INITIAL ASSESSMENT / ANNUAL ASSESSMENT

**This checklist is provided as a guide to assist the Community Service Project organisation to manage their Workplace Health and Safety responsibilities and does not replace any legal obligations on the Community Project organisation pursuant to relevant Workplace Health and Safety legislation.**

SENSITIVE



# Work Program Community Service Project Workplace Health and Safety Assessment

Name of Project: \_\_\_\_\_

| Criteria                   |  | Yes | No | N/A | Comments |
|----------------------------|--|-----|----|-----|----------|
| <b>HAZARDOUS CHEMICALS</b> |  |     |    |     |          |
|                            | Are chemicals and flammable liquids used and, if so, are they stored according to manufacturer instructions?   |     |    |     |          |
|                            | Are workers given appropriate training and instruction on the use and handling of hazardous chemicals?   |     |    |     |          |
|                            | Is proper signage and written instructions for use of hazardous chemicals, in place? Are chemical Safety Data Sheets easily accessible for those who may use the chemicals?  |     |    |     |          |
|                            | Does the job involve work with or possible exposure to asbestos containing materials (e.g. Fibro cement)? If yes, does the community service project have procedures for asbestos management as per the How to Safely Remove asbestos Code of Practice 2020 and How to Manage and Control Asbestos in the Workplace Code of Practice 2020? |     |    |     |          |
| <b>FIRST AID</b>           |  |     |    |     |          |
|                            | Does the project have a first aid kit containing contents to deal with situations which might occur at the workplace?  |     |    |     |          |
|                            | Are medical/ first aid trained staff available in case of accident? If not is there an emergency plan in place for serious injury requiring first aid/medical attention?   |     |    |     |          |
| <b>EMERGENCY SITUATION</b> |  |     |    |     |          |
|                            | Are procedures in place in case of an emergency? (E.g. Fire).  |     |    |     |          |
|                            | Is firefighting equipment available and accessible? (Note type of equipment and if fire extinguisher has it been tested and tagged within last six months)   |     |    |     |          |
|                            | Have supervisors/workers been trained in the use of firefighting equipment? (If applicable)  |     |    |     |          |
| <b>REPORTING PROCEDURE</b> |  |     |    |     |          |
|                            | Is the need to report all incidents/accidents to QCS as soon as practicable known to the project?  |     |    |     |          |
|                            | Is the Community Organisation aware of the need for reporting notifiable incidents to Workplace Health and Safety Queensland or the Electrical Safety Office?  |     |    |     |          |



# Work Program Community Service Project Workplace Health and Safety Assessment

| LEGISLATIVE COMPLIANCE & RISK MANAGEMENT  |  |  |  |  |
|---|--|--|--|--|
| Are the provisions of the Work Health and Safety Act and Regulations, Electrical Safety Act and Regulations, First Aid in the Workplace Code of Practice 2019 (and any other relevant safety legislation) known to the project? (as applicable).  |  |  |  |  |
| Are jobs risk assessed by the community agency to identify hazards and how they will be controlled during the completion of the project? (Hazards include things like working at heights, heavy lifting, using machinery, working with chemicals) (as applicable).<br><br>From the risk assessments are there safe work procedures/practices developed? |  |  |  |  |
| MANUAL HANDLING   |  |  |  |  |
| Does the project have ways to minimise the need for manually handling loads (e.g. trolleys and/or other mechanical aids)?   |  |  |  |  |
| Next Section is to be completed by Projects with a Community Supervisor Only (leave blank otherwise)  |  |  |  |  |
| INFORMATION, TRAINING, INSTRUCTION, SUPERVISION   |  |  |  |  |
| Are safety inductions given to prisoners before commencing onsite? Are records kept of the induction/training?<br>What is the name of the person who will do inductions on this job?<br>Name - _____  |  |  |  |  |
| Are workers instructed in safe work practices/procedures? How is this recorded?   |  |  |  |  |
| Does the project ensure that workers receive ongoing and adequate supervision? How? Are supervisors trained or certificated to supervise the particular equipment (if necessary)?   |  |  |  |  |
| PLANT & EQUIPMENT   |  |  |  |  |
| Does the project ensure that equipment is in as safe a condition as possible (e.g. dangerous moving parts guarded, maintenance and inspection according to manufacturer's requirements)?  |  |  |  |  |
| Does the project ensure that workers are trained in the safe use of equipment?  |  |  |  |  |
| PERSONAL PROTECTIVE EQUIPMENT (PPE)   |  |  |  |  |
| Does the project ensure that community service workers utilise appropriate safety equipment/Personal Protective Equipment?  |  |  |  |  |



# Work Program Community Service Project Workplace Health and Safety Assessment

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
|                   | Is the equipment used regularly inspected and maintained to ensure it is in safe working order? How often?   |  |  |  |  |
| ELECTRICAL SAFETY |  |  |  |  |  |
|                   | Is equipment used by workers electrically safe, for example: <ul style="list-style-type: none"> <li>• in good condition (e.g. covers/casings not damaged to prevent any exposed wires);</li> <li>• tested and tagged within the last six months; and</li> <li>• protected by a safety switch?</li> </ul> |  |  |  |  |

|  |  |  |      |
|--|--|--|------|
| <b>Project Organisation Assessor's Comments:</b> |  |  |      |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |
| Project Organisation Assessor's Name             |  |  |      |
| Assessor's Signature                             |  |  | Date |