

1 APPLICANT PROFILE

1. Contact person for this Application				
Contact person:	Anita Wilson			
Position:	Manager(Trustee) Aotearoa Youth Initiative Trust			
Phone number:	[REDACTED]	s 9(2)(a) OIA		
Mobile number:				
Email address:				
Fax number:				
Is the contact person authorised to negotiate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

2. Applicant's organisational profile	
Full legal name:	Aotearoa Youth Initiative Trust
Trading name: (if different)	if applicable
Name of parent organisation:	if applicable s 9(2)(a) OIA
Physical address:	[REDACTED]
Postal address:	
Company website:	If applicable
Location of head office:	Masterton
Type of entity (legal status):	charitable trust
Company registration #:	1368923
Country of residence:	New Zealand
GST registration number:	NZ GST number (if applicable)

3. Overview of Applicant's organisation	
Type of organisation:	Youth Development
Year established:	2003
History:	brief history of organisation including current operations
Summary of experience relevant to this RFA:	Our manager has experience in alternative education in both the community sector and CYFS residences, is currently finishing her education degree

Total number of staff in NZ:	2
Number of locations in NZ:	1
Overseas locations:	N/A

4. Current business commitments & proposed key personnel	
Business commitments:	Currently provide support to young people in the Wairarapa
Other Contracts with government	N/A

5. Probity	
List any pending claims against the organisation:	0
List any court judgements or other decisions that have been made against the organisation in the last 6 years:	0

6. Disclosure of proposed partners	
Disclosure:	Applicants must indicate and provide details below if they intend any person or organisation, who is not an employee, to sub-contract on any part of the application requirements.
Collaborative Partner / Sub-contractor #1	
Partner / Sub-contractor name:	
Address:	
Specialisation:	
Describe the deliverables the Partner / sub-contractor will be responsible for:	
Collaborative Partner / Sub-contractor #2	
Partner / Sub-contractor name:	
Address:	
Specialisation:	
Describe the deliverables the Partner / sub-	

contractor will be responsible for:	
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Copy and add more rows as required

7. Financial information				
Current financial status:	brief description of the organisation's current financial status & stability			
Gross revenue:	0, currently only provide volunteer support, have not been active due to the work commitments of our trustees. Have decided to revitalise the trust for this application.			
Gross profit:	0			
Last audited financial accounts:				
Copy of latest audited accounts attached?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of latest annual report attached?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is organisation in dispute with any trade union?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Quality standards	
Certificates held:	list any ISO or AS/NZ certificates held
Quality assurance systems:	list any QA systems / software / standards in operation
Internal audit:	list any internal audit systems / software / standards in operation
Contract management:	list any contract management systems / software / standards in operation
Monitoring & evaluation:	list any M&E systems / software / standards in operation
Reporting:	list any reporting systems / software / standards in operation
Financial management:	list any financial management systems / software / standards in operation
Risk management:	list any risk management systems / software / standards in operation
Records management:	list any records management systems / software / standards in operation
Staff training:	list routine staff training supplied
Codes of conduct	list any codes of conduct which apply to the organisation / staff

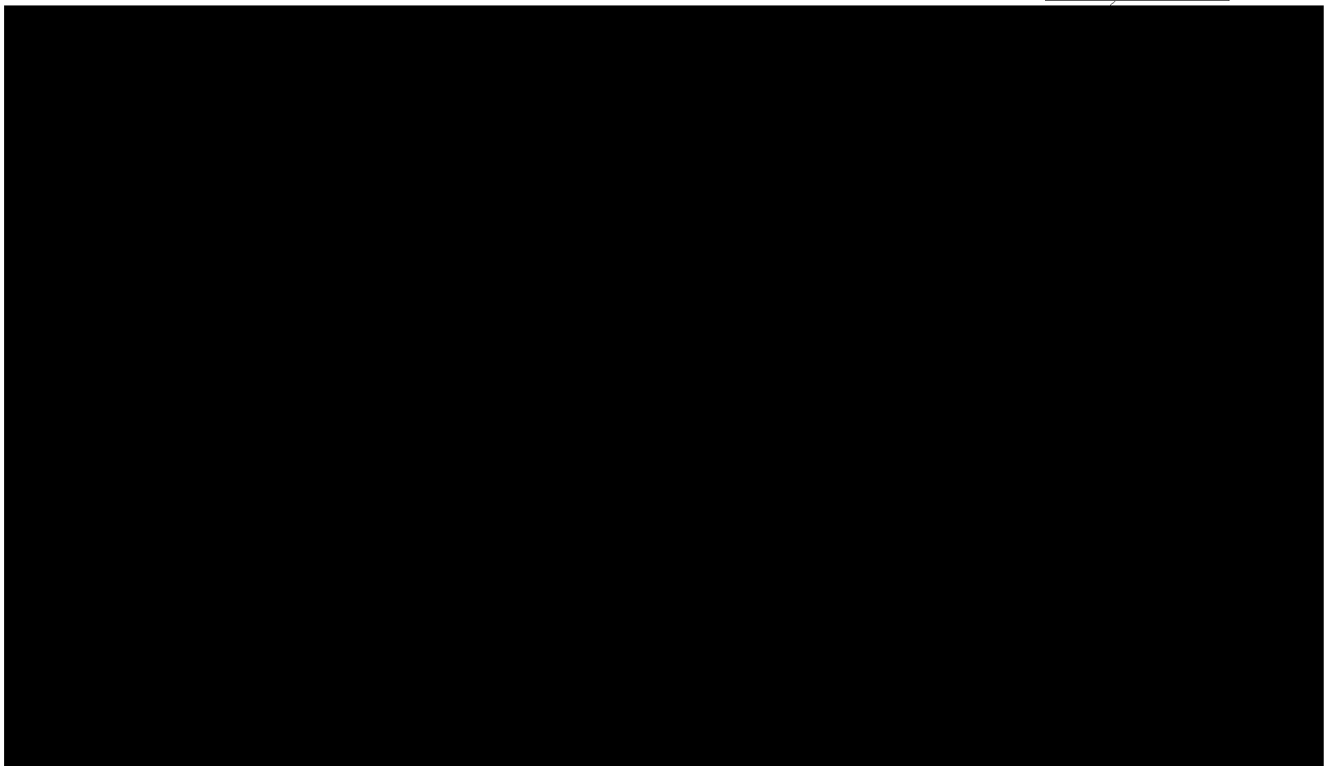
9. Occupational Health & Safety (OHS)				
Health & Safety Management:				
Do you have a written health & safety policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an employee participation scheme for dealing with health & safety issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>
Is formal health and safety training given to employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>
Records: Which of the following safety records do you maintain?				
- Accident Register (as required by Health & Safety Act)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>

- Hazard Register?	<input type="checkbox"/>		No	
- Hazard information?	<input type="checkbox"/>		No	
History: Have you received health and safety award/s?	Yes		<input type="checkbox"/>	
If yes provide details:				
Have you had health and safety related notice/warning/fine/prosecution?	Yes		<input type="checkbox"/>	
If yes provide details:				
Health & safety procedures:				
Do you have an emergency procedures plan?	<input type="checkbox"/>		No	
Are formal hazard assessments carried out and recorded?	<input type="checkbox"/>		No	
Is there always an investigation into any accident that results in harm, or could have resulted in harm?	<input type="checkbox"/>		No	
Are vehicles and equipment regularly inspected, tested, examined and maintained?	<input type="checkbox"/>		No	

10. Referees

Please supply the details of three referees who have relevance to your Application to operate a PSKH. Include a summary of the nature of the relationship they have held with you and when. Please do not provide the Ministry of Education or any of its employees as referees.

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