

**Traffic Offender Intervention Program (TOIP)**

**Application to become an approved provider**

**General Instructions for completing this application form**

The information provided in this form will be used in the assessment of your application to become an approved TOIP provider.

Supply the information sought by inserting text into each of the response boxes. In some parts, word limits are set. Where no word limits are set the information should be kept succinct and relevant. If the information sought is not applicable to your application, insert ‘not applicable’ or ‘n/a’ rather than leave the box blank. **Do not reformat the document or change the order of its contents.**

Additional information may be provided in attachments to the form which must be clearly labelled. However, this is not to be a substitute for including meaningful text in the response boxes (i.e. providing responses which are merely cross-references to attachments). The completed form will remain the primary part of the application and any absence of information in the response boxes may be interpreted as non-compliance. Although all applicants will have an opportunity to submit additional information, applications will be processed faster if all information is included in the first instance.

All forms must be lodged electronically in a file format which can be read, formatted, displayed and printed by Microsoft Word 2010 or Microsoft Excel 2010. PDF files will be accepted. If an applicant compresses files, it must be possible to decompress them using WinZip. Applications must not submit self-extracting (\*exe) zip files.

Applications should be submitted to: [toip@justice.nsw.gov.au](mailto:toip@justice.nsw.gov.au) in the review period (before 1 February or 1 August).

###### Table of Contents

[1. Profile of the applicant 1](#_Toc492645563)

* + - [1.1 Organisation 1](#_Toc492645564)
    - [1.2 Details of applicant’s entity, ownership, structure 1](#_Toc492645565)
    - [1.3 Applicant’s authorised representative 1](#_Toc492645566)
    - [1.4 Partnership information *(if applicable)* 2](#_Toc492645567)
    - [1.5 Referees 2](#_Toc492645568)

[2. Assessment Criteria 3](#_Toc492645569)

[3. Conflicts of Interest 5](#_Toc492645570)

[4. Applicant’s undertaking 5](#_Toc492645571)

[5. Checklist for attachments 6](#_Toc492645572)

[6. Venues for which approval is sought 7](#_Toc492645573)

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1. Profile of the applicant
   1. Organisation

Provide the following information to identify the legal entity submitting an application to become an approved TOIP provider

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANISATION DETAILS** | | | |
| **Name of applicant** | |  | |
| **Course Name** | |  | |
| **Registered Office / head office** | |  | |
| **Street Address (Principal place of business / operations)** | |  | |
| **Postal Address (Principal place of business / operations)** | |  | |
| **Website** *(if applicable)* | |  | |
| **ABN** |  | | |
| **Is your organisation registered for GST?** | | | **Yes**  **No** |
| **The number of years the organisation has been constituted in its present state** | | |  |

* 1. Details of applicant’s entity, ownership, structure

Specify the applicant’s legal status. Please check one box only.

| **APPLICANT’S LEGAL STATUS** | | |
| --- | --- | --- |
|  | **Incorporated Limited Association under *the Associations Incorporation Act 2009* NSW** | |
|  | **Other** *(Please specify)* |  |

* 1. Applicant’s authorised representative

Provide contact details for the authorised representative of the applicant and the address for all electronic communications in relation to the application as indicated below.

| **AUTHORISED REPRESENTATIVE DETAILS** | | | |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Position** |  | | |
| **Telephone** |  | **Facsimile** |  |
| **Email address** |  | | |

* 1. Partnership information *(if applicable)*

If the applicant is a Partnership complete the table below.

| **PARTNERSHIP DETAILS** | |
| --- | --- |
| **Lead partner (if applicable)** |  |
| **Other partners** |  |
| **Legal nature of the Partnership** |  |
| **Details of capacity of trust to enter into the Agreement** |  |

* 1. Referees

Provide details of two referees who may be contacted by the Application Review Committee to provide confirmation of the claims made in the application in respect of the capacity, capability and performance history of the applicant’s organisation to deliver TOIP.

|  |  |
| --- | --- |
| **REFEREE DETAILS** | |
| **Referee 1** | |
| **Organisation name** |  |
| **Contact person’s name** |  |
| **Contact person’s position** |  |
| **Telephone** |  |
| **Email** |  |
| **Relationship details and services provided** |  |
| **Referee 2** | |
| **Organisation name** |  |
| **Contact person’s name** |  |
| **Contact person’s position** |  |
| **Telephone** |  |
| **Email** |  |
| **Relationship details and services provided** |  |

1. Assessment Criteria

|  |
| --- |
| 1. **Course provider and service delivery locations** |
| 1. **Provide a brief history of your organisation and its experience in delivering interventions to traffic offenders (no more than 500 words).** |
| 1. **Briefly describe your organisational structure and lines of accountability (attach an organisational chart, if relevant).** |
| 1. **Provide evidence of your organisation’s not-for-profit status (including an attachment)** |
| 1. **Name the location/s in which you wish to deliver TOIP. Further complete the table in section 6. If you are seeking to deliver TOIP in a location where TOIP is already delivered, please outline the need for an additional TOIP provider at this location. A list of locations where TOIP is currently available is on the NSW Local Court website.** |
| 1. **Human resource considerations including qualifications and skills of proposed staff** |
| 1. **Briefly describe the qualifications and skills of your educational supervisor. Attach a copy of their CV and evidence of their qualifications.** |
| 1. **Detail the qualifications, requirements and experience that will be required of TOIP facilitators /presenters.** |
| 1. **Demonstrate your commitment to ongoing professional development.** |
| 1. **Course content** |
| 1. **Detail the educational outcomes and list the modules which will be delivered as part of your course. In the attachments, include copies of the materials to be used as part of the curriculum, including the PowerPoint slides which must be delivered as part of an approved TOIP course.** |
| 1. **Describe how the course will be delivered (including class size, group work, activities, homework tasks etc).** |
| 1. **Detail the assessment process for your course, including how self-reflection will be promoted in the course. Include a copy of the assessment documentation in the attachments.** |
| 1. **Administrative procedures** |
| 1. **Attach a copy of your template for court reports** |
| 1. **Outline the fee structure for your course, and detail how the fee has been established.** |
| 1. **Discount Schedule**   Specify below the discounts that you are willing to offer on the rates in the above fee structure.   | **DISCOUNTS** | | | --- | --- | | Percentage Discount (%) | Type/Description of Discount and Conditions | |  |  | |  |  | |
| 1. **Describe your registration process and include any relevant materials in the attachments.** |
| 1. **Explain your procedure for receiving and responding to participant feedback (including positive feedback and complaints). Include any relevant materials in the attachments.** |
| 1. **Detail how you record and securely store information.** |
| 1. **Demonstrate your understanding of privacy principles in relation to client personal information and files. Include detail of your policy relating to client’s accessing their information.** |
| 1. **Additional comments** |
| 1. **Provide below any further information you believe is relevant to the application** |

1. Conflicts of Interest

Provide details of any actual or potential conflicts of interest involving the applicant or its employees, as at the date of signing of this application. In addition, set out the applicant’s internal procedures (if any) for managing any conflict of interest that may arise.

A conflict of interest exists where a person’s duty or decision-making is influenced, or may appear to be influenced, by his or her personal interests. Conflicts of interest do not necessarily involve fault or blame, and in many cases can be managed rather than having to be avoided.

| **CONFLICTS OF INTEREST** | |
| --- | --- |
| **Details of actual or potential conflicts of interest** |  |
| **Procedures for identifying and resolving conflicts of interest** |  |

1. Applicant’s undertaking

By submitting this application, the applicant agrees to abide by the standards and guidelines set out in the Traffic Offender Intervention Program Operating Guidelines and to allow New South Wales Department of Justice representatives to visit the TOIP provider’s premises, interview the Educational Supervisor, view files, review paperwork and observe educational sessions in order to monitor compliance. Any variation from the standards and guidelines shall be requested by the TOIP provider in writing and approved by the New South Wales Department of Justice in writing before implementation.

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION DETAILS** | | | |
| **Name of authorised representative of the applicant** |  | **Date** |  |

1. Checklist for attachments

Include the following documentation where it relates to your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Related section of Form (unless specified) | Attachment | Mandatory | Included? |
| 2.1 (b) | Organisational chart | No |  |
| 2.1 (c) | Evidence of not-for-profit status | Yes |  |
| 2.1 (d) | List of addresses for all venues for which approval is sought including resources and facilities (see section 6) | Yes |  |
| 2.2 (a) | CV of the educational supervisor and evidence of their qualification/s | Yes |  |
| 2.3 (a) | Copies of proposed client manual/presentations/hand outs | Yes |  |
| 2.3 (a) | Copies of videos or other materials to be used | Yes |  |
| 2.3 (c) | Assessment and Self-reflection task/s | Yes |  |
| 2.4 (a) | Copy of proposed court report | Yes |  |
| 2.4 (d) | Copy of participant registration form | Yes |  |
| 2.4 (d) | Copy of participant agreement | Yes |  |
| 2.4 (e) | Copy of complaint procedure | Yes |  |
| 6.10 of the Op Guidelines | Copy of proposed participant certificate | No |  |

1. Venues for which approval is sought

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Venue Name and Address** | **Complies with WHS requirements (including toilet, disabled access and emergency exits)** | **Other facilities available** |
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END OF APPLICATION