

Forestry Training and Education Ireland Ltd



CONTRACT DOCUMENT

Ref: FTEI Contract Form 07/10-001
(Rev 5)

For :
**Provision of Forestry Training, Assessment
and Certification.**

Ref No : **FTEI TENDER No:** _____
and reference document;
Ref No : **FTEI TENDER 07/10-001**

Forestry Training and Education Ireland Ltd. (FTEI)

CONTRACT DOCUMENT

Code: FTEI Tender 09-0*//**-**, Contract 09-01/**/**-****

To: The Secretary FTEI Ltd. Main St. Delvin, Co. Westmeath

Having read carefully the attached Conditions of Contract entitled "Conditions of Contract for thefor "FTEI Ltd." I/We agree to carry out the work as defined at paragraph 1(c) of the conditions of contract, in accordance with such conditions, at the price set out in the Work Schedule and to enter into a formal agreement with you to implement the Contract.

Dated theday of..... 2009

Signed by or on behalf
of the Contractorwho is duly authorised.

Full Postal Address
.....
.....

.....

MEMORANDUM OF AGREEMENT made the.....day of.....2009... BETWEEN FTEI Ltd. Main st. Delvin Co. Westmeath (hereinafter called "the company" of the one part AND
.....of.....in the County of.....
(hereinafter called "the contractor") of the other part.

WHEREAS the contractor has agreed with the company to carry out the work.

NOW THIS AGREEMENT WITNESSETH as follows:

1. This agreement shall not be binding on the company until it is has been duly signed at (5) below.
2. In this agreement words and expressions shall have the same meanings as are respectively assigned to them in the conditions of contract hereinafter referred to.
3. The following documents indicated below shall be deemed to form and be read and construed as part of this agreement:(Tick and initial as appropriate)

- | | | | |
|-------------------------------|------------------------------|--------------------------------|------------------------------|
| a) The Conditions of Contract | <input type="checkbox"/> ___ | g) The Contract Document | <input type="checkbox"/> ___ |
| b) The Work Schedule | <input type="checkbox"/> ___ | h) Conditions for the Delivery | <input type="checkbox"/> ___ |
| c) The Form of Tender | <input type="checkbox"/> ___ | of Training for FTEI Document | |
| d) Copy of Insurance | <input type="checkbox"/> ___ | | |
| e) The Work Specifications | <input type="checkbox"/> ___ | | |
| f) Safety Statement | <input type="checkbox"/> ___ | | |

4. In consideration of the payment to be made by the company to the contractor, the contractor hereby covenants to carry out the work in conformity in all respects with the provisions of the contract.

IN WITNESS WHEREOF the parties hereto have executed this agreement this day and year first herein WRITTEN

_____ Day of _____ Two Thousand and Nine

Recommended for and on behalf of the company by.....who is duly authorised.

Signed by or on behalf of the contractor.....who is duly authorised.

5. Signed for and on behalf of the company by.....who is duly authorised.

17.1 INDEMNITY.

- (a) Subject to sub-clause (c) the contractor shall be liable for and shall indemnify the company against:-
- (i) any liability, loss, claim or proceedings in respect of any injury or damage whatsoever to any property real or personal insofar as any such injury or damage arises out of or in the course of or by reason of the execution of the works and provided that such injury or damage is due to any negligence, omission or default of the contractor his servants or agents or any sub-contractor his servants or agents (whether or not also partly due to the negligence, omission or default of the company or any person for whom the company is responsible);
 - (ii) any liability, loss, claim or proceedings whatsoever arising under any statute or at Common Law in respect of personal injury to or disease contracted by or the death of any person whomsoever arising out of or in the course of or caused by the execution of the works unless solely due to any act or neglect of the company or of any person for whom the company is responsible.
- (b) Subject to and in accordance with Clause 17, the contractor shall take out before commencing work and maintain Employers Liability insurance and Public Liability insurance covering any liability, loss, claim or proceedings in respect of the matters referred to in sub-clause (a).
- (c) Without prejudice to the contractor's liability, at Common Law or by statute sub-clause (a) shall not apply to any liability, loss, claim or proceedings which arise otherwise than in connection with an accident or fall within an exclusion permitted by Clause 17(d) paragraph (i) or (ii) (as relevant) and which is not covered by an Employers Liability or Public Liability insurance policy of the contractor.

17.2 In the event that the work for which the contractor has successfully tendered requires the supply of equipment or machinery by the company, the contractor agrees at all times to be liable for and to indemnify the company, its servants and agents against:

- (a) any liability, loss, claim, expenses, costs or proceedings, whatsoever arising under statute or at common law, in negligence, breach of duty, breach of statutory duty, breach of contract, nuisance or any other ground whatsoever, in respect of personal injury to, or disease contracted by, or the death of, any person, including third parties, as well as any person in the employment of the contractor and the company (other than injury or damage resulting solely from the act or omission of the company's servants or agents) arising out of, or in the course of, or by reason of, whether directly or indirectly, the use by the contractor or the company, their respective servants agents or sub-contractors of such tractors or machinery;
- (b) all loss sustained as a result of damage, howsoever occurring, to the said tractors and/or machinery whilst same are being used as aforesaid.

18. INSURANCE

- (a) The Insurance policies under Clause 16 shall be with reputable insurers.
- (b) The contractor's Employers Liability and Public Liability policies under Clause 16(b) shall include provisions by which in the event of any claim in respect of which the contractor would be entitled to receive indemnity under the policy being brought or made against the company the Insurer will indemnify the company against such claims and any costs, charges and expenses in respect thereof.
- (c) The contractor shall comply with all conditions in any policy or policies of insurance under Clause 16.
- (d) The Insurance policies under Clause 16 may contain only the exclusions from cover summarised below:-
 - (i) Employers Liability "Limited war risk"
 - (ii) Public Liability "Liability in excess of the sum stated in the FTEI insurance questionnaire form required by Clause 17 (e) for any one accident"
 - "War risks"
 - "Radioactive contamination/nuclear explosion"
 - "Sonic boom"
 - "Persons under a contract of service or apprenticeship with the Insured"
 - "Property belonging to the insured or in the Insured's custody and control, with exceptions"
 - "Defective workmanship and materials but not damage resulting there from"
 - "Mechanically propelled vehicles to which the Road Traffic Act applies"
 - "Loss or damage due to design"
- (e) The Contractor shall prior to commencement of work produce satisfactory evidence of insurance cover, which consists of
 - Public Liability (Public and trainees), to an amount of €2.5 million
 - Pollution Liability
 - Professional Indemnity, to an amount of €0.5 million
 - Appropriate Employers Liability
- (f) The contractor must, on request, produce a copy of safety statement prior to the commencement of work.

19. NON-FULFILMENT OF CONTRACT

The Company per se or upon request, reserves the right to verify facilities, equipment, course delivery, assessment and certification without prior notification.

The contractor shall not receive payment for work which is not carried out to the satisfaction of the company.

20. MODIFICATIONS

The conditions of contract shall only be subject to such modifications as are assented to in writing by the company.

21. TERMINATION

The company reserves the right at all times, prior to the completion of the contract to terminate the contract or to reduce or otherwise abate, at its sole discretion (without liability on its part for payment of compensation or damages to the contractor), the volume of work specified in the contract.

22.EXPIRY

This contract shall expire when the work is completed or from the date of the agreement, whichever is the sooner, or after any other specified period as may be agreed in writing.

23.ACCESS

The contractor shall have a right of access only over the routes indicated to him by the local manager. No warranty is given that any other route is suitable for the contractor's vehicles, machinery and equipment. All vehicles, machinery and equipment using authorised access routes shall be driven or used with all proper care and at such speed as shall be reasonable, having regard to the nature of the route, the vehicular load, the prevailing weather and road conditions. The contractor shall ensure that there is no unauthorised obstruction of roads at any time.

24.TENDERS

The company does not bind itself to accept the lowest or any tender and shall not be liable to pay any costs or expenses in connection with any tender.

25.INDUCEMENTS

The contractor shall not offer or give or agree to give any person in the service of the company any gift or consideration of any kind as an inducement or reward in relation to the obtaining or execution of this, or any other contract, for or with the company. Any breach of this condition by the contractor, or by anyone employed by him or acting on his behalf (whether with or without the knowledge of the contractor) shall render this contract void and shall entitle the company to recover from the contractor the amount of any resulting loss.

26.NOTICES

Any written notice to be given to the contractor under the terms of the contract shall be served by sending same to the contractor's principal place of business, or in the event of the contractor being a limited company, to its registered office by registered post.

27. GOVERNING JURISDICTION AND LAW

The contract shall be interpreted according to the laws of the Republic of Ireland and shall be subject to the Irish courts.

28.INTERPRETATION

The headings in this contract are convenience only and do not affect its construction.

29.PROVISION OF PLANT AND LABOUR

The contractor shall provide all labour and plant, except where otherwise specified and do all work necessary for the execution of the contract.

30.FORCE MAJEURE

The company shall not be deemed to be in breach of this agreement, or otherwise be liable to the contractor, by reason of any delay in performance or non-performance of any of its obligations hereunder, to the extent that such delay or non performance is due to any Force Majeure of which it has notified the contractor and the time for performance of that obligation shall be extended accordingly. Furthermore, if the company is affected by any Force Majeure of which it has notified the contractor then it may direct the contractor to cease all contract operations until such time as the company shall have notified the contractor that the company is no longer affected by Force Majeure.

"Force Majeure" means war, civil commotion, riots, strikes, "acts of God" restrictions imposed by law, interruption of transportation facilities, withdrawal of services by others, and any other cause which is beyond the control of the company.

31. SEVERABILITY

If any provision in this agreement is deemed to be, or becomes invalid, illegal, void or unenforceable under applicable laws, such provision will be deemed amended to conform to applicable laws so as to be valid and enforceable, or if it cannot be so amended without materially altering the intention of the parties, it will be deleted, but the validity, legality, and enforceability of the remaining provisions of this agreement shall not be impaired or affected in any way.

CONDITIONS FOR THE DELIVERY OF TRAINING FOR FTEI

It is the responsibility of all training providers to ensure that their competencies comply with the guidelines set out by (Forestry Training and Education Ireland Ltd) FTEI Ltd. No training should commence if these guidelines are not met. Failure to comply may result in the provider concerned been struck off the register of training providers. These conditions apply to all training providers whether they work as individuals or are members of a company. Training providers or companies must, when requested by FTEI, submit to FTEI the information verifying their qualification to deliver the training that they or their company have tendered for. No trainers will be permitted to deliver training if they are not listed on the FTEI Contract.

Compliance:

- All training providers must comply with the terms and conditions, i.e. insurance(refer :17.Insurance), tax clearance (refer:6.Tax Clearance Procedure) and safety statement(refer:12.Health & Safety) as outlined in the contract document(s) (FTEI Contract Form 07/10-001) and tender document (FTEI Tender 07-10/001).
- All trainers and corporate providers must have an equal opportunities policy.
- All trainers and corporate providers must have a complaints and appeals procedure policy.

Trainers:

- All trainers must hold a certificate that indicates their qualification as a trainer. This certificate must be from a recognised educational centre.
- All training providers must attain the level of trainer, from a recognised source, in the module in which they intend to deliver training. It is not adequate to have been certified in the skills they intent to train.
- All trainers must hold a current occupational first aider certificate.
- **All providers must ensure that their certificates/qualifications are up to date**
- Personal portfolios must be kept by each individual trainer. The portfolios must contain all certificates of competence achieved by the individual.

Training Delivery:

- It is the responsibility of each training provider to ensure that all trainees have the necessary personal protective clothing.
- All training must be delivered in accordance with the FTEI contract unless other wise agreed with written approval received from the board of FTEI, in advance of course commencement.
- All trainers must complete a risk assessment and trainability test prior to training commencing.
- All accidents that occur during training must be recorded and investigated as per the statute requirements.
- All training returns (submissions for payment) must be in accordance with the conditions set out by FTEI contracts.
- **FTEI would accept no responsibility or liability for any acts/omissions by the trainer in the delivery of the course**

AGREEMENT

I agree to comply with the terms and conditions specified above by the board of FTEI and, if I fail to comply, approval to deliver training may be withdrawn.

Signature of Trainer/Corporate provider:

Date:

Work Schedule: Ref No: FTEI TENDER.....

Start Date: / /2009
 End Date: / /2009

CONTRACTOR NAME :

Contract Line Details							Job Description - Special Considerations.
Contract Line No:	Course Code-Description	No. Of Trainees	Course Date	Assessment Complete	Certification Complete	Cost	
Course 1 –			<i>Period:</i>				-Groups usually consist of 6 Students -There is a student to instructor ratio of 6:1 for all training
			<i>No.Of Days:</i>				
			<i>Location:</i>				
Course 2 -			<i>Trainer/Assessor:</i>				
			<i>Period:</i>				
			<i>No.Of Days:</i>				
Course 3 –			<i>Location:</i>				
			<i>Trainer/Assessor:</i>				
			<i>Period:</i>				
Course 3 –			<i>No.Of Days:</i>				
			<i>Location:</i>				
			<i>Trainer/Assessor:</i>				



RECORD SHEET NO: 0003 REV 3



FUNDED BY THE IRISH GOVERNMENT UNDER THE NATIONAL DEVELOPMENT PLAN

TRAINING REQUISITION & AUDIT RECORD

SUSTAINABLE FORESTRY EDUCATION & TRAINING PROGRAMME

SUBMISSION REFERENCE NO: _____ - ____/____/____ - _____ (FTEI USE ONLY)

1. CONTRACTOR –PROVIDER : REQUISITION & DOCUMENTED EVIDENCE

REQUIRER-SECTOR NAME :			
TRAINING PROVIDER NAME :			
CONTRACTED COURSE REFERENCE NAME :			
DELIVERY COURSE DATES:	FROM :	TO:	COURSE DELIVERY €
DOCUMENTED EVIDENCE CHECKLIST : (CONFIRM EVIDENCE IS ATTACHED BY TICKING THE RELEVANT BOX)			
- SKILLS COURSE CONTENT/SYNOPSIS <input type="checkbox"/> - COSTING-PAYMENT ANALYSIS (RECORD NO. 0002) <input type="checkbox"/> - TRAINING MONITORING FORM (RECORD NO. 0001) <input type="checkbox"/>	- NON-ATTENDANCE FORM. (RECORD NO. 0010) <input type="checkbox"/> - RISK ASSESSMENT <input type="checkbox"/> - ASSESSMENT/CERTIFICATION EVIDENCE <input type="checkbox"/>	- INVOICE <input type="checkbox"/>	Documents & Evidence Must Be Maintained And Available For Verification & Auditing At Any Given Time. Failure To Do So Will Result In Delay/Rejection Of Funding Application.
DECLARATION:			
I/we (trainer/contractor/provider) declare that no fees/costs/expenses/funds (part/full) have been received from any of the named trainees/their employers/sponsors/course providers or any other party for the provision of the course above. If funding has been received (part/full) i/we will indicate the source/amount on the 'costing -payment analysis' (rec 0002) or submit details attached to this document.			
SIGNATURE : (SUBMITTER-CONTRACTOR)		DATE :	
1. RE-SUBMITTED BY:	DATE :	ACTION COMPLETE (Y/N)	<input type="checkbox"/>
2. RE-SUBMITTED BY:	DATE :	ACTION COMPLETE (Y/N)	<input type="checkbox"/>
3. RE-SUBMITTED BY:	DATE :	ACTION COMPLETE (Y/N)	<input type="checkbox"/>

2. FTEI : SUBMISSION PROCESSING – VERIFICATION

- DOCUMENTATION & RECORDING (RECEIVED AS ABOVE EVIDENCE CHECKLIST) <input type="checkbox"/> - COSTING. <input type="checkbox"/>	- COURSE / ASSESSMENT DELIVERY (AS PER ADVANCE SCHEDULE RECEIVED) <input type="checkbox"/> - ATTENDANCE & CANDIDATE DETAILS <input type="checkbox"/>	- VISIT DURING TRAINING <input type="checkbox"/> - TRAINING RECORDS/CERTIFICATES <input type="checkbox"/> - PAYMENTS (INVOICES/CHEQUES/BANK STATEMENT) <input type="checkbox"/>
1. QUERY-NOTES /ACTION		RETURN DATE :
2. QUERY-NOTES /ACTIONS		RETURN DATE :
3. QUERY-NOTES /ACTIONS		RETURN DATE :
CO-ORDINATOR SIGNATURE :		DATE :
AMOUNT FOR FUNDING APPROVAL:	€	

3. FTEI BOARD: FUNDING APPROVAL& PAYMENT

BOARD APPROVAL:	COMMENT
- DOCUMENTATION & EVIDENCE: <input type="checkbox"/> - COSTING/INSURANCE/PAYMENTS <input type="checkbox"/>	- APPROVAL DOCUMENT REF NO: FTEI / - BOARD APPROVAL : <input type="checkbox"/> - BOARD REJECTION: <input type="checkbox"/>

TRAINING MONITORING FORM

Course Contract Reference Number: **FTEI 09-01 / / -**

Contractor / Provider: _____
Contact Name: _____
Phone No.: _____



Funded by the Government under the National Development Plan 2007-2013



Course Title: _____
Course Location: _____
Duration: _____ From: _____ To: _____

TRAINEE NAME, DETAILS & STATUS <small>(Please use BLOCK LETTERS)</small>		PRE-COMMENCEMENT		COURSE DAILY RECORD & RESULTS <small>(Trainee Hours - Instructor Initial)</small>						ASSESSMENT & QUALIFICATION		INSTRUCTOR & ASSESSOR DETAILS	TRAINEE SIGNATURE <small>(Sign & Date-Time at end of Course)</small>	
Name	Status <small>(Tick Relevant)</small>	Trainability Status <small>(Tick & Record Details)</small>	Safety Statement <small>(Tick Relevant)</small>	Mon	Tue	Wed	Thu	Fri	Total Hrs	Course Result	AWARD			
No.1 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		(Please Tick ✓) Pass Fail Incomplete	Assess Date : _____ Result: PASS FAIL Assr Initial: _____ Qualification/Award _____	INSTRUCTOR : Instructor's COMPANY NAME: _____ Instr. Hours: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	
No.2 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		Pass Fail Incomplete	Assess Date : _____ Result: _____ Assr Initial: _____ Qualification _____	Comments: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	
No.3 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		Pass Fail Incomplete	Assess Date : _____ Result: _____ Assr Initial: _____ Qualification _____	Declaration: I have delivered the course, for the hours/result stated. Instructor Sign: _____ Date: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	
No.4 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		Pass Fail Incomplete	Assess Date : _____ Result: _____ Assr Initial: _____ Qualification _____	ASSESSOR : Assessor's COMPANY NAME: _____ Assessor Hours: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	
No.5 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		Pass Fail Incomplete	Assess Date : _____ Result: _____ Assr Initial: _____ Qualification _____	Comments: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	
No.6 Name: _____ PPS No: _____ Nationality: _____ Company: _____	Employed: _____ Unemployed: _____ Student: _____ Male: _____ Female: _____	Pass: _____ Fail: _____ Comment: _____ Instructor: _____	Declaration: The Safety Statement & Risk Assessment have been communicated and understood by me prior to starting course. Trainee Sign: _____ Instructor Sign: _____	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial	Trainee Hrs Trainability Yes / No Instr Initial		Pass Fail Incomplete	Assess Date : _____ Result: _____ Assr Initial: _____ Qualification _____	Declaration: I have delivered the course Assessment, for the hours/result stated. Assessor Sign: _____ Date: _____	Declaration: I have completed the course & assessment for the hours/result stated. Signed: _____ Date: _____ Time: _____	

FUNDING DECLARATION:

(a) I/We (Trainer(s)) declare that I/We have an up to date Safety Statement for the course venue. We have completed a risk assessment prior to commencing the day's training. I/We have communicated the Safety Statement & Risk Assessment with all trainees prior to their commencing the course on the day, with interpreters if so required. All trainers and trainees have signed to confirm this is communicated and understood. Only trainees who have received communication and understood the Safety Statement & Risk Assessment and signed same are eligible to commence training.

(b) I/We (Trainer(s)) declare that I/We have completed a Trainability Assessment for all trainees prior to commencing the day(s) of the training course. Details documented above. Only trainees who have passed the trainability assessment are eligible to commence the day(s) training.

(c) I/We (Trainer/Contractor/Provider) declare that NO Fees/Costs/Expenses/Funds (part/full) have been received from any of the above named trainees/their employers/sponsors/course providers or any other party for the provision of the Course above. If funding has been received (part/full) I/We will indicate the source/amount on the 'Costing - Payment Analysis' (Rec 0002) or submit details attached to this document.

Contractor Signature: _____

Date: _____

Signature of Local Manager: _____ Date: _____
Requirer / Signature of Local Manager

Requisition-Statement No.: _____ (Office Use Only)

Record Sheet No:- 0010 Rev 1

TRAINING NON-ATTENDANCE FORM

Tender Reference No.: _____

Training Provider: _____

Contact Name: _____

Phone No.: _____



Forestry Training and Education Ireland (FTEI)



Funded by the Irish Government under the National Development Plan 2007-2013



Sector Name & Code: **FLC -** _____

Course Name & Code: _____

Course Location: _____

Duration: _____ From: _____ To: _____

TRAINEE RECORD :

TRAINEE NAME & DETAILS	(Please use BLOCK LETTERS)								ATTENDANCE RECORD		RESULT	SIGNATURES & DATE		COST OF TRAINEE NON-ATTENDANCE
	Name	Nationality	Status (Tick Relevant)	Gender (Tick)	Mon	Tue	Wed	Thu	Fri	Total Hrs		(Please Tick ✓)	TRAINEE Signature	
No.1	Name:		Employed	Male	Hrs	Hrs	Hrs	Hrs	Hrs		Pass			
	PPS No:		Unemployed	Female	Initial	Initial	Initial	Initial	Initial		Fail			
REASON FOR NON-ATTENDANCE: (Trainee & Trainer)												TRAINER Signature	Date	
LOCAL MANAGER COMMENT :												LOCAL MANAGER Signature	Date	
No.2	Name:		Employed	Male	Hrs	Hrs	Hrs	Hrs	Hrs		Pass			
	PPS No:		Unemployed	Female	Initial	Initial	Initial	Initial	Initial		Fail			
REASON FOR NON-ATTENDANCE: (Trainee & Trainer)												TRAINER Signature	Date	
LOCAL MANAGER COMMENT :												LOCAL MANAGER Signature	Date	
No.3	Name:		Employed	Male	Hrs	Hrs	Hrs	Hrs	Hrs		Pass			
	PPS No:		Unemployed	Female	Initial	Initial	Initial	Initial	Initial		Fail			
REASON FOR NON-ATTENDANCE: (Trainee & Trainer)												TRAINER Signature	Date	
LOCAL MANAGER COMMENT :												LOCAL MANAGER Signature	Date	

Comment:

DECLARATION: I/We (Trainer/Contractor/Provider) declare that **NO** Fees/Costs/Expenses/Funds (part/full) have been received from any of the above named trainees/their employers/sponsors/course providers or any other party for the provision of the Course above. If funding has been received (part/full) I/We will indicate the source/amount on the 'Costing -Payment Analysis' (Rec 0002) or submit details attached to this document.

Contractor Signature: _____ Date: _____

Signature of Local Manager: _____
Signature of Local Manager -Sector Seeking Funded Training

Requisition-Statement No.

Record Sheet No:- 0002 Rev 1

(Office Use Only)

Costing-Payment Analysis

Course Name: _____

Course Code: _____

From: _____

To: _____

Sector Code: _____

Sector: _____

Contact: _____

Phone: _____

Course Costing Analysis (Standard Costs)		Additional Costs/Payments Incurred			Insurance Details
Description	Amount	Date	Description	Amount	Cheque/Bank Ref No
	€0.00				
	€0.00				
	€0.00				
Total Add.Costs/Payments Incurred				€ -	
Receipts/Other Funding Received					
		Date	Description	Amount	Cheque/Bank Ref No
Daily Rate	€0.00				
No. of Days					
Cost of Course	€0.00	Total Receipts		€ -	

("Costs" + "Additional Costs/Payments" - "Receipts/Other Funding Received" = Total Cost of Course)
 (Costs + Additional Costs/Payments -Receipts)TOTAL COST OF COURSE €0.00

DECLARATION: I/We (Trainer/Contractor/Provider) declare that NO Fees/Costs/Expenses/Funds (part/full) have been received from any of the course named trainees/their employers/sponsors/course providers or any party for the provision of the Course above. If funding has been received (part/full) I/We will indicate the source/amount in section 'Receipts-Funding Received' above or submit details attached to this document.

Signature	Date	Comment
Submitted By: _____	_____	_____
Checked By: _____	_____	_____
Approved By: _____	_____	_____
Approved By: _____	_____	_____

Office Use Only

Please attach relevant supporting evidence, e.g copies of Bank Statements/Cheques/Invoices.

CONTRACT TICK SHEET

(To be used for reference only when completing contract documentation)

The following items should be checked by both initiator and authoriser when drawing up contract documentation.

- Is this the correct contract document version ?
- Is the Documentation print size easily legible.
- Is the Contract Document section titled, signed and dated by the contractor.
- Memorandum of Agreement titles filled in
- Section 3 of Memorandum of Agreement boxes ticked as required
- Section 4 of Memorandum of Agreement dated and signed by Contractor/FTEI
- Section 5 of Memorandum of Agreement signed
- Title of Conditions of Contract completed and agree with title of Contract Document
- Clause 21 - Expiry - box ticked or alternative period written beside it
- RCT1 included
- FTEI Insurance Questionnaire form
- Additional Security Form required ? If so, is it filled in and noted on page 1.

Please note that all contracts are subject to checks for Revenue compliance.

SECURITY PLAN

ADDITIONAL SECURITY REQUIREMENTS

The contractor shall adhere to the security procedures for the area in question as outlined in the "Schedule of Contractor Security Responsibilities".

Schedule of Contractor Security Responsibilities	
As a condition of the contract referred to herein, the contractor shall assume responsibilities in relation to forest security as indicated below.	
Responsibility	Responsibility of Contractor, Indicate Yes / No as appropriate
Familiarise him/herself with the security plan relevant to his / her work area	
Close barriers and gates on entry to and exit from the forest during working hours	
Lock barriers and gates on exit from the forest at the end of each working day	
Report all instances of damage to locks, gates or barriers or entrances	
Report all actual or suspected cases of theft.	
Report all actual or suspected unauthorised use of the forest.	
Report all incidences of litter, dumping, trespass, vandalism or any other breaches or suspected breaches of forest security	
Report all instances of fire which pose a threat to the forest	