Disability Support Services

Residential Services Panel

Request for Application (RFA) Response Form

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| In response to the Request for Application: | |
| For: | Residential Services Panel – Community Residential Support Services |
| Issued by: | Disability Support Services, Ministry of Social Development |
| On: | 16 June 2025 |
| Reference: | 31866125 |

## About the Respondent

### Our profile

| Item | Detail |
| --- | --- |
| Full legal name (the Respondent): | [insert the legal entity name that you do business under] |
| Trading name (if different): | [insert your trading name if applicable / different to the above] |
| Registered office: | [insert your registered address and postal address if different] |
| Organisation website: | [url address] |
| Type of entity (legal status): | [sole trader / partnership / limited liability company / registered charity / other please specify] |
| NZBN number: | [if your organisation has a NZBN registration number insert it here] |
| Country of residence: | [insert country where you (if you are a sole trader) or your organisation is resident for tax purposes] |
| GST registration number: | [NZ GST number / if overseas please state] |
| Single or joint response: | This response is [for one provider / a joint response as a consortia of providers – if a joint proposal – provide the details of the other parties in the consortia] | |

### Point of Contact:

| Item | Detail |
| --- | --- |
| Contact person: | [name of the person representing the Respondent and responsible for communicating with the Buyer] |
| Position: | [job title or position] |
| Phone number: | [landline / mobile] |
| Email address: | [work email] |

### Service being applied for:

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| Confirm the residential services you are applying to be contracted for: | | |
| Intellectual Disabilities: | Physical Disabilities: | Both: |
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## Our Requirements

### Pre-conditions

To be considered you must be able to answer ‘yes’ to all the following pre-conditions:

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| Precondition | Description |  |
| Legal capacity | Confirm you are a registered legal entity (i.e. either business, trust, or incorporated society) | [Yes / No] |
| Join the open panel | Confirm that you will agree to joining the open panel of residential providers. | [Yes / No] |
| Financial capacity | Confirm that you can provide the required services under the ‘CGH Pricing Model’. | [Yes / No] |
| Service specifications | Confirm that the services you provide match and meet the Community Residential Support Services service specification | [Yes / No] |
| Provider compliance with health and disability standards | Confirm that you understand that you must comply with Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (<https://www.standards.govt.nz/shop/nzs-81342021> ) in providing community residential services to disabled people. | [Yes / No] |
| Provider code of conduct | Confirm that you understand and comply with Supplier code of conduct in providing community residential services to disabled people  [Supplier code of conduct | New Zealand Government Procurement](https://www.procurement.govt.nz/suppliers/supplier-code-of-conduct/) | [Yes / No] |

### Supporting documentation

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| Please confirm you have provided the following supporting documentation to this application: | |
| Financial statements:  Copy of your latest financial statements, covering the last two most recent financial years. | [Yes / No] |
| Insurance:  Copies of your relevant insurance certificates (certificates of currency), i.e. professional indemnity, public liability, cyber security, commercial property, business interruption. | [Yes / No] |

#### About your service delivery model

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| Your service delivery model Please provide a description of how you deliver services across your organisation.  Your answer is expected to include information such as:   * A description of your service delivery model. * The cohort of disabled people you support or may support in the future (e.g. people with physical disabilities and/or intellectual disabilities). * How you ensure rights-based and person-directed support is delivered? (e.g. how your organisation may align to the Enabling Good Lives [EGL] principles, the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] and Te Tiriti o Waitangi.) * What other related services you provide (where applicable)? * Which areas and / or regions you currently (and intend to) provide services in? * What capacity do you have to provide support? Do you own or lease accommodation? * What is your workforce composition? E.g. proportion of managers, clinical oversight, support workers etc. /FTE * What ratio of your workforce hold qualifications and to what level, i.e. level 1, 2 etc.? |
| [insert answer here – wordcount guide: 500-700 words] |

#### Business requirements and service sustainability

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| Management and Governance: Describe your management and governance structure, specifically in relation to how you deliver, or will deliver, community residential support services for disabled people.  If appropriate, please provide an organisational diagram or structure to support the answer. |
| [insert answer here – wordcount guide: 200-300 words] |
| Other services: Do you deliver services to other government departments such as ACC,Health NZ or Corrections? If yes, list the services below. |
| [insert answer here] |
| Skills and experience: How do you ensure that your personnel have the necessary experience and skills to deliver community residential support services? (e.g. describe how you ensure staff are appropriately trained, and to what level and how often do you provide training to your staff). |
| [insert answer here – wordcount guide: 200-300 words] |

#### Quality Requirements

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| Disabled Person Participation and Voice Please describe the approach that your organisation has in place to ensure that the disabled person, along with their whānau, makes their own decisions and can express their will and preference about their life and their disability support? |
| [insert answer here – wordcount guide: 200-300 words] |
| Safeguarding, abuse prevention and restrictive practices Please describe the policy and practice your organisation has in place to safeguard the disabled people you support from abuse and neglect. These should include actions to prevent, identify and respond to abuse and neglect as well as the practices that your organisation has in place to prevent and manage restrictive practices (all forms of restraint) according to [Section 6 of Ngā Paerewa](https://www.health.govt.nz/publications/sector-guidance-for-nga-paerewa-health-and-disability-services-standard-nzs-81342021#section-6-1-a-process-of-restraint). |
| [insert answer here – wordcount guide: 200-300 words] |
| Quality improvement Please describe the approach your organisation has in place to support continuous quality improvement, informed by the experiences of disabled people, audit findings, complaints, incidents and stakeholder feedback. |
| [insert answer here – wordcount guide: 200-300 words] |
| Complaints management Please describe your complaints management process that enables any person receiving support, their whānau, staff, or members of the public to raise concerns or complaints about the service provided. |
| [insert answer here – wordcount guide: 200-300 words] |
| Incident management Please describe the approach (i.e. any policies, processes etc.) your organisation has in place to ensure timely reporting, escalation, review and follow-up of all incidents, including death and preventative measures. |
| [insert answer here – wordcount guide: 200-300 words] |
| Quality audits and evaluations / independent investigations Please provide detail, including dates, on any audits/evaluations of your organisation in the last five years against Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 or other relevant standards.  Please include any ‘corrective actions’ identified, as well as complaints / misconduct / adverse events, and describe how these were addressed. Where you have existing ‘corrective actions’ open can you provide a brief description, summary of their status, and timeline agreed for resolution. |
| [insert answer here – wordcount guide: 200-300 words] |
| Accreditations Have you been accredited by any relevant organisation? If yes, please provide this evidence (e.g. HealthCERT, ISO, IANZ, Social Sector Accreditation etc.) and the period for which it is valid. |
| [insert answer here – wordcount guide: 200-300 words] |

#### Health and Safety

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| Provision of Safe care What systems and processes are in place to keep disabled people in your care safe?  Your answer should cover:   * Managing challenging behaviours in the least restrictive way possible * Medication administration and review * Prevention, management and risk reduction of abuse and support for people receiving care/ services * Clinical assessment, management, risk assessment * Healthy lifestyle initiatives |
| [insert answer here – wordcount guide: 300-500 words] |
| Staff safety and Person Conducting a Business or Undertaking (PCBU) responsibilities Do you understand your role and responsibilities as a PCBU in line with Health and Safety at Work Act 2015?  Please describe the polices and processes your organisation has in place to keep your workers / staff safe while delivering residential support services? (e.g. Health and Safety register for incidents and close calls register). |
| [insert answer here – wordcount guide: 200-300 words] |
| Health & Safety reviews Please describe what Health and Safety improvements you have undertaken in the last 24 months. How often do you review your Health and Safety systems and processes? |
| [insert answer here – wordcount guide: 200-300 words] |

#### Information security

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| Systems and processes Please describe the systems and processes you have in place to ensure security of people’s personal information.  Confirm that your organisation collects, stores, and shares people’s personal information in accordance with the Privacy Act 2020, and other relevant laws. |
| [insert answer here – your answer should be succinct, i.e. 200-300 words] |
| Retention of care records Please describe how your organisation ensures that it will protect its care records in accordance with the [Public Records Act 2005 No 40 (as at 01 October 2024), Public Act 17 Requirement to create and maintain records – New Zealand Legislation](https://www.legislation.govt.nz/act/public/2005/0040/latest/DLM345729.html) |
| [insert answer here – your answer should be succinct, i.e. 200-300 words] |

## Other information

#### Proposed Contract

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| Proposed Contract feedback The proposed contract is the Residential Services Panel Agreement attached as Appendix 2.  Please answer yes or no to the following:  We confirm we have read and fully understand the proposed contract, namely the Residential Services Panel Agreement and have no suggested changes.  YES / NO  If you answered NO to the above, please provide your feedback on the proposed contract below. | |
| **Area / Clause** | **Feedback / suggestion** |
| [insert] | [briefly describe any feedback and suggestions you may have] |
| [insert] | [briefly describe any feedback and suggestions you may have] |
| [insert] | [briefly describe any feedback and suggestions you may have] |

## Respondent’s declaration

| Topic | Declaration | Respondent’s declaration |
| --- | --- | --- |
| RFA-Terms: | I/we have read and fully understand this Request for Application (RFA), including the RFA-Terms. I/we confirm that the Respondent agrees to be bound by them. | [agree / disagree] |
| Conflict of Interest declaration: | The Respondent warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Response.  Where a Conflict of Interest arises during the RFA process the Respondent will report it immediately to the Buyer’s Point of Contact. | [agree / disagree] |
| Details of conflict of interest: | [if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. | |

**DECLARATION BY THE RESPONDENT**

I/we declare that in submitting the Response and this declaration:

* the information provided is true, accurate and complete and not misleading in any material respect.
* the Response (application) does not contain any material that will infringe a third party’s intellectual property rights.

I/we have secured all appropriate authorisations to submit this Response, and to make the statements and to provide the information in the Response.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Response may result in the Respondent being eliminated from further participation in any procurement process flowing out of the RFA, and may be grounds for termination of any Contract awarded as a result of such a procurement process.

By signing this declaration the signatory below represents, warrants and agrees that they have been authorised by the Respondent to make this declaration on its/their behalf.

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| Signature: |  |
| Full name: |  |
| Title/position: |  |
| Name of organisation: |  |
| Date: |  |