

Medical Provider Checklist & Service Agreement

This document outlines the agreed services to be provided by a Medical Service Provider and is to be agreed and approved by the Event Organising Committee (OC). All sections of this agreement are to be completed prior to the commencement of any endorsed Equestrian Australia event.

Service Provider :	Contact person:
Address:	Contact No:
Event Name:	Event Dates:

Part A. To be completed by Medical Provider (Checklist)

Medical Service Provider Documents (copies to be provided to OC)

- Signed Copy of Service Agreement — copy provided to event OC
- Professional Indemnity Insurance Certificate of Currency (Service Provider name, Policy Number, Period of Cover, Liability 20 Million)
- Workers Compensation Certificate of Currency (current)
- List of medical staff attending the event, including the relevant skills as outlined in the EA-HSMS-MED-Medical Provider Pre-event Audit Form 07 and mobile contact details

Other Current Documents (copies available on request)

- AHPRA Registration and/or Skills Certifications of all attending Medical Personnel
- Medical response vehicle registration (current)
- Medical staff motor vehicle licenced to operate a four-wheel-drive vehicle (if applicable)
- Equipment certifications/calibrations (current)

Event Operations (to be provided to the OC prior to the event)

- Quotation of Medical Service provision for the equestrian event (attached to this service agreement)
- Before the event complete EA-HSMS-MED-Medical Provider Pre-event Audit Eventing Form 07
- Agree to work collaboratively with the designated Event Medical Co-ordinator (when available)
- Agree to complete in conjunction with the nominated Event Medical Co-ordinator, an Event Medical Services Summary Report within 24hours following the completion of the equestrian event
- A medical event action plan (e.g. SIMP) is to be forwarded to the nearest Ambulance or external medical provider prior to the commencement of the event.
- The medical event action plan (e.g. SIMP) is to include event (location) GPS co-ordinates, address and nearest cross streets and access locations, to be discussed with OC prior to commencement of event.

Medical Provider Representative Name: _____ Date: ____/____/____

Title: _____ Signature: _____

Part B. To be completed by Medical Provider (Service Agreement)

The following is a service agreement including the terms and conditions for a Medical Provider to be engaged by an OC.

I/We, _____ (Medical Provider Name),

warrant and declare the Medical Provider will:

- a) Complete Part A of this Service Agreement and provide or have available for inspection on request all relevant documents, plans and processes if/as requested by the OC.
- b) Complete all pre-event and post-event documentation and summary report within the required timeframe
- c) Agrees to indemnify _____ (OC and Equestrian Australia) from and against all claims, demands, actions, losses and costs arising from or in relation to (i) any breach of any representation or warranty contained in this service agreement and (ii) any breach of any other obligation or duty this service agreement or under applicable law.
- d) Where equivalent items are supplied in place of a listed Item (EA-HSMS-MED-Medical Provider Pre-event Audit Eventing Form 07) these items are to have the same purpose and effect as the named and listed item.

A quotation for the provision of Medical Services is attached including service rates of payment, a list of suitably skilled and qualified service providers as outlined in (EA-HSMS-MED-Medical Provider Pre-Event Audit Eventing Form 07), and any foreseen alterations or variances that may be applicable to this service agreement.

Medical Provider Representative Name: _____ Date: ____/____/____

Title: _____ Signature: _____

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Item	Completed	Further Actions
EA-HSMS-MED-Form 6 Date Received		
Part A Documents Reviewed:	Yes / No	
Part B Completed and Signed:	Yes / No	
Quotation Received:	Yes / No	
EA-HSMS-MED-Form 7 Date Received		

OC/Other Representative: _____ (Name) Date: ____/____/____

Signature: _____