

## **Medical Service Provider Checklist & Service Agreement Form 06**

*This document outlines the agreed services to be provided by a Medical Service Provider (MSP) 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 **Eventing** 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 Service 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)
- Pre-event complete EA-HSMS-MED-Medical Service Provider Pre-event Audit Eventing Form 07
- Agree to work collaboratively with the designated Event Medical Co-ordinator (or relevant person)
- Agree to participate in a Serious Incident Management Plan (SIMP) briefing provided by the CMO or Head of SIMP **prior** to the start of the Cross-Country test
- Agree to liaise with external response teams (e.g., state ambulance, retrieval teams etc.)
- Agree to complete EA-HSMS-MED-Incident-Referral Report Form 08 and Concussion Protocols
- Agree to participate in post incident-accident debrief activities (as required)

Medical Service Provider Representative Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

I/We, \_\_\_\_\_ (MSP Name),

warrant and declare the Medical Service 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 Service Provider Pre-event Audit 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 Service Provider Pre-Event Audit Form 07), and any foreseen alterations or variances that may be applicable to this service agreement.

MSP Representative Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

-----Office Use Only-----

Item	Completed	Further Actions
EA-HSMS-MED-Form 06 Date Received		
Part A Documents Reviewed:	Yes / No	
Part B Completed and Signed:	Yes / No	
Quotation Received:	Yes / No	
EA-HSMS-MED-Form 07 Date Received		

OC/Other Representative: \_\_\_\_\_ (Name) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_