

ABN 81 660 358 175

| 19 January 2018 | |
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| | (Name) (Address) (Suburb, Post Code) |
|------|--|
| Dear | (Name), |

We are pleased to engage you as a Softball Convener with the Association of Heads of Independent Girls' Schools NSW (*AHIGS*), to convene sports matches between the students of the various AHIGS members' schools for the season (*Services*) on the terms and conditions contained in this letter.

Details of engagement and payment

- 1. Subject to any earlier termination under clause 14, your engagement is for a maximum period of 7 weeks from Saturday 10 February 2018 to Saturday 7 April 2018 (**Term**) excluding 31 March 2018.
- 2. You acknowledge that AHIGS does not warrant or represent that your engagement will continue beyond the Term. However if, for any reason, your engagement continues after expiry of the Term, then the terms of this letter of engagement will continue to apply.
- 3. It is expected that you will attend all Saturday sessions during the Term, unless a previous arrangement has been made with the AHIGS Sports Co-ordinator.
- 4. The number of game slots you are required to officiate at each Saturday session may vary depending upon the draw for your venue.
- 5. You will be paid a set up / pack away fee of \$30 plus between \$30 and \$42 per game slot as per the table below. This rate is based on your years of prior IGSSA convening experience. The maximum number of game slots you will be paid for each Saturday is 3.

| Completed Ter | ms of Service | 1 – 3 | 4 – 6 | 7 – 19 | 20+ |
|---------------|----------------------|-----------------------|-------|--------|------|
| Sport | Max No of game slots | Payment per game slot | | | |
| Softball 3 | | \$30 | \$32 | \$35 | \$42 |
| Set Up / Pac | k Away Fee | \$30 | \$30 | \$30 | \$30 |

- 6. Providing we have received your correctly completed convener's game sheet by the advised deadline, you will receive three payments. The first & second will be made within the Term and the third (and final) at the conclusion of the Term. Payment will be made to you by electronic funds transfer (EFT) to your nominated bank account and **may take up to 4** weeks. A payment confirmation remittance advice will be forwarded either to your email address or postal address.
- 7. Payment **will only be made after** your correctly completed convener's game sheet is received and reconciled to the games held at your venue. It is your responsibility to ensure that you return all required documents to the AHIGS Office in order for your payments to be processed.



LG1, 56 Delhi Road North Ryde NSW 2113

Phone: (02) 9888 9477 Fax: (02) 9888 9277 8. If AHIGS does not require your services to convene on a particular day or for a period of time, you will not be paid for the time that you have not convened.

Terms and conditions

- 9. Details of the Services to be provided are set out in **Schedule 1**.
- 10. You are required to provide the Services, with due care, skill and diligence.
- 11. In all matters relating to the Services you will be responsible to AHIGS. For practical purposes all communications should be directed to the AHIGS Sports Co-ordinator, Mr Dom Marsh.
- 12. AHIGS can terminate your engagement:
 - (a) at any time on 1 day's notice or payment of fees in lieu of notice; and
 - (b) immediately without notice if you:
 - (i) breach any material provision of this agreement;
 - (ii) engage in any serious misconduct or any conduct likely, in the reasonable opinion of AHIGS, to bring AHIGS into disrepute;
 - (iii) if you give a false assurance under clause 15; or
 - (iv) if you do not provide the undertaking in clause 19 prior to commencing to provide the Services or provide a false undertaking.
- 13. You acknowledge that you provide the Services to AHIGS as an independent contractor and that nothing in this letter constitutes a relationship of employer and employee, principal and agent or partnership between you and AHIGS. AHIGS will not be responsible for the provision of personal / carer's leave, annual leave or any other employment-related benefits. AHIGS will maintain compulsory workers compensation insurance as required by law.
- 14. AHIGS will maintain public liability insurance for claims arising out of your participation as a convener. You will be responsible for the payment of the excess (\$2,500) for any claim arising wholly as a result of your conduct.
- 15. Your appointment is subject to a satisfactory Working with Children Check by the Office of Children's Guardian to comply with the following NSW legislation:
 - Child Protection (Working with Children) Act 2012
 - Child Protection (Working with Children) Regulation 2013
 - Child Protection Legislation Amendment Act 2015

If you do not provide your WWC number undertaking prior to the commencement of Services or you provide a false undertaking, AHIGS may terminate your engagement without notice.

- 16. You may not delegate the provision of part, or all, of the Services to another person **unless** in consultation with AHIGS
- 17. It is compulsory for all conveners to attend one convener's seminar each calendar year. For conveners convening more than one sport, attendance is mandatory in the 1st term you are convening. The Term 1 seminar will be held on Tuesday, 6 February 2018 with your choice of attending the session at 10:30 am or 6 pm at our offices at North Ryde. Should you be unable to attend on that day, please contact our office to make alternate arrangements.
- 18. You will be supplied with an official IGSSA polo shirt which you are required to wear at all times whilst you are officiating on our behalf. You will also be issued with an official convener's badge. Both of these items must be worn to ensure that any student, parent or official is able to easily identify the venue convener on duty at all times.

Acceptance of this engagement

- 19. By accepting this engagement, you are taken to have given AHIGS the assurance that you have the experience, qualifications and accreditations set out below:
 - (a) you are 18 years of age or older;
 - (b) you have attended or will attend the compulsory conveners' seminar held by AHIGS at the commencement of the sporting season; and
 - (c) if refereeing, that you are familiar with the national rule book of your sport.

If you cannot give these assurances, you should not sign the acceptance. If you sign the acceptance when you are not in a position to give such assurance and an assurance is found to be false or inaccurate, AHIGS may terminate your engagement without notice.

- 20. You acknowledge that AHIGS strongly recommends that all referees and conveners hold a current first aid certificate.
- 21. Enclosed with this letter are the AHIGS Sporting Committee (IGSSA) Code of Conduct (incorporating the AHIGS Harassment Policy) and the Conveners' Handbook (incorporating the risk assessment documentation). These documents are not incorporated into this agreement, however by signing the acceptance of engagement you are confirming that you have read these documents and agree to abide by their terms.

Documents required

22. Finally, please complete the enclosed "Statement by Supplier" form for taxation purposes, and the "Payment via Electronic Funds Transfer" form. Completed forms must be returned to the AHIGS Office along with the signed acceptance page of this letter **prior to** you commencing to provide the Services.

Please indicate your acceptance of these terms by signing the attached acceptance of this letter of engagement and returning it to the AHIGS Office at LG1 56 Delhi Road, North Ryde NSW 2113 together with the other documents required.

Yours sincerely

Dom Marsh

Dom Marsh AHIGS Sports Cor-ordinator

SCHEDULE 1 - STATEMENT OF SERVICES

AHIGS Softball Convener

The AHIGS Softball Venue Convener is responsible for the overall conduct of the game, for ensuring that risk assessment and safety procedures are observed and that rules, regulations and guidelines related to softball are adhered to. To this end, the Convener should be familiar with the AHIGS Sporting Committee (IGSSA) Code of Conduct, the AHIGS Harassment Policy, the Softball Conveners' Manual and with the basic principles of first aid. Specifically, the services required include:

- You are required to have the Conveners' Manual with you at all times and apply it as and when required with respect to specific issues that may arise and the overall conduct of the game.
- In the event of wet weather, lightning, thunder or extreme heat, follow the procedure outlined in the Conveners' Manual. In brief, this involves liaising with the AHIGS Sports Co-ordinator, Dom Marsh on 0403 619 986 and obtaining regular updates from the Bounceback SMS number on 199 25465 (see the venue closure page). It may also involve attendance at the venue.
- Prior to the match conduct a safety and risk audit of the venue and determine whether playing conditions are safe and suitable. If in doubt, contact Dom Marsh on **0403 619 986**.
- Ensure that the venue is set up in a manner appropriate for play.
- Ensure that ice packs and a First Aid Kit are available at the venue.
- Should an accident occur during the game, implement the procedure outlined in the Softball Conveners' Manual. In brief this involves:
 - 1. reassuring the injured girl
 - 2. seeking help staff member, team manager, parent
 - 3. assessing injury if serious call ambulance and ensure injured girl is accompanied
 - 4. complete detailed **accident report** and submit with weekly game sheet.
- Complete Venue Conveners' Declaration, Risk Assessment Inspection Checklist for AHIGS
 Sporting Venues and weekly summary sheet and email, fax or mail to the AHIGS office
 immediately following the game; at the latest, Monday morning.
- Complete the convener's game sheet each week with details of umpires and game times.
- Check that all umpires have signed their contract, completed the statement by supplier and electronic funds transfer forms (they cannot umpire until these have been completed). Once they have completed all the forms, distribute the umpires' cards and sign them weekly.
- Sight and verify umpiring qualifications of all umpires. These details are to be noted on each umpires card to ensure correct payment during and at the end of the season.
- Pack away the venue after play has finished.



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AHIGS Convener – Acceptance of Offer

| | | | Soft | ball Con | vener at | | | | |
|---|---------------|--------------|-----------------|----------------|-----------------|-----------|------------|---------------|------------|
| Nan | ne | | _ Ple | ase Print Clea | rly | | | Ven | ue |
| My Working | g with Chil | dren (WW0 | C) numbe | r is: | | | | | |
| I confirm the dated 19 Ja | | | ortunity to | consider a | nd discuss | the lette | er of offe | er of en | gagement |
| I acknowled permanent as a conver | disability or | death and | resultant | economic I | | | | | |
| I release A suffer arisin | | | | | | | or dam | age to | property I |
| I accept the | offer of eng | gagement c | n the con | ditions set o | out in the le | tter. | | | |
| Signature: | | | | | Date: | | | | |
| Please indiceither send | ng an ema | il to info@a | ahigs.nsw | .edu.au or l | | | | | |
| □ Iw | ill be attend | ling the sen | ninar at th | e AHIGS of | fice on 6 Fe | ebruary | 2018 at | 10.30 a | am |
| ☐ Iw | ill be attend | ling the sen | ninar at th | e AHIGS of | fice on 6 Fe | ebruary | 2018 at | 6 pm | |
| ☐ I ai | m unable to | attend but | have mad | de alternate | arrangeme | ents. | | | |
| If you do n (Circle style | • | have one, | please ac | lvise your s | size for the | official | IGSSA | polo <u>O</u> | R hoodie. |
| Polo | 10 | 12 | 14 | 16 | М | L | Marsa | XL | XXL |
| <u>OR</u> Hoodie | | Ladie 12 | es 14 | 16 | S | М | Mens | L | XL |



LG1, 56 Delhi Road North Ryde NSW 2113

Phone: (02) 9888 9477 Fax: (02) 9888 9277

Statement by a Supplier

Complete this statement if you:

- are an individual or a business
- have supplied goods or services to another enterprise (the payer), and
- are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an

ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.

SMITH ST

■ Place ☑ in ALL applicable boxes

Please complete Sections A & B

| Suburb/town | _ | | | |
|--|-----------------|---|--|--------------------------------|
| Your reason/s for not quoting an ABN? Place ☑ in the appropriate box/es. The payer is not making the payment in the course of carrying on an enterprise in Australia. The supplier is an individual aged under 18 years and the payment does not exceed \$120 a weed. The payment does not exceed \$75, excluding any goods and services tax (GST). The supply that the payment relates to is wholly input taxed. Examplier is an individual and has given the payer a written statement to the effect that the supply: is made in the course or furtherance of an activity done as a private recreational pursuin hobby, or is wholly of a private or domestic nature (from the supplier's perspective). The supply is made by an individual or partnership without a reasonable expectation of profit gain. The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia. The whole of the payment is exempt income for the supplier. Pection B: Declaration Please note YOU must complete this section larger years as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not que larger years and the payment is exempt of goods or services for the reason or reasons indicated. The of supplier (or authorised person) (Please clearly print your name) | Yo | our address? (Please clearly print yo | our residential address) | |
| The payer is not making the payment in the course of carrying on an enterprise in Australia. The supplier is an individual aged under 18 years and the payment does not exceed \$120 a week. The payment does not exceed \$75, excluding any goods and services tax (GST). The supply that the payment relates to is wholly input taxed. Example: It is an individual and has given the payer a written statement to the effect that the supply: It is made in the course or furtherance of an activity done as a private recreational pursuin hobby, or It is wholly of a private or domestic nature (from the supplier's perspective). The supply is made by an individual or partnership without a reasonable expectation of profit gain. The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia. The whole of the payment is exempt income for the supplier. Exception B: Declaration Please note YOU must complete this section It is pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quotable for the current and future supply of goods or services for the reason or reasons indicated. The of supplier (or authorised person) (Please clearly print your name) | Su | ıburb/town | State/Territory | Postcode |
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| | | | Date | |

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for

Payers can check ABN records of suppliers by visiting **www.abr.business.gov.au** or phoning **13 72 26 24** hours a day, 7 days a week.

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ABN 81 660 358 175

Contractor Details Form

AHIGS will make payment for your services via Electronic Funds Transfer (EFT) to your nominated bank account. Payment **may take up to 4 weeks** after all paperwork including this form, the signed referee cards and convener sheets have been received and reconciled.

Please complete this form (noting that it is your responsibility to provide us with your correct bank information) & return it by either via mail, fax (9888 9277) or email to accounts@ahigs.nsw.edu.au.

| Name | | | |
|--|--------------------------|----------------------------|-------------------------|
| Date of Birth | | Gender | |
| Contact Phone Number | | | |
| Residential Address | | | |
| Suburb | | Postcode | |
| Email | | | |
| Superannuation Fund | | | |
| Super Fund Member No. | | | |
| BANK ACCOUNT INFOR | MATION (if not alread | y provided this calenda | r year) |
| Please use bank & r | remittance email details | previously provided this y | ear (<i>tick box</i>) |
| Bank Account Holder | | | |
| Bank / Institution | | | |
| BSB (6 Digits) | | Account No. (Max 9 Digits) | |
| NEXT OF KIN***We are contractors. This is hel access. Please provide the | ld in a secure location | a list of next of kin of | |
| Emergency Contact | | | |
| Relationship to you | | | |
| Their Contact Number | | or | |
| Your Signature | | Date | |



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