

APPENDIX 3: ORDER FORM

BUYING PROCESS:

Step 1 Public Authority or other approved user completes **PART A**

Step 2 Customer sends Purchase Request Form to Provider

Step 3 Provider completes **PART B**, delivers course and sends Invoice to Customer

PART A: REQUEST TO PROVIDER

To: _____ (Name of Provider and contact name)

This request is called under the Common Use Arrangement CUATRA2012 Training Courses.

PUBLIC AUTHORITY/ CUSTOMER DETAILS			
Name of Customer:		Section:	
ABN:			
Contact person name and title:			
Billing Address:	Phone:		
	Fax:		
	Email:		
Authorised purchaser's name:			
Payment by Government Purchasing Card : <input type="checkbox"/> YES <input type="checkbox"/> NO		P-Card Number: Name on Card: Expiry Date: Purchase Order Number:	

In-house Course Booking

Public (Per Seat) Booking

If you are booking an in-house training course please proceed with **Section A1**.

If you are booking a public (per seat) training course please proceed with **Section A2**.

Section A1- In-house Training

Course Name _____

Course Code _____

Course Duration: _____

Customer Contract Term/ Duration of course(s) and pre post follow up:

Commencement Date/s _____

Number of Participants _____

Participant Email addresses (if available): _____

Venue Hire required? YES NO

(If yes please specify general location) _____

Catering required? YES NO

Travel to the regions required? YES NO

(if yes, please specify location) _____

Customisation Required? YES NO

Customisation Details (if applicable) _____

Contract Management Requirements

Specific KPIs? YES NO

(if yes, please outline) _____

Code of Conduct required to be YES NO

viewed and signed by Trainer?

(if yes, please provide)

Copy of completed feedback forms _____

required? YES NO

(if yes, please provide sample feedback form or if you wish to use a Contractors feedback form please state here) _____

Reporting Requirements? YES NO

(if yes, please outline) _____

Other Requirements? YES NO

(if yes, please outline) _____

Section A2 – Public Training

Course Name _____

Course Code _____

Course Duration: _____

Customer Contract Term/ Duration of course(s) and pre post follow up:
Preferred Date/s _____

Number of Seats to be booked _____

Other Requirements _____

Participants Details (insert/ delete rows as applicable)

Name	Phone	Email

Please note the Contract Authority (Department of Finance) may wish to survey participants after the training course in order ensure contractor compliance with the Key Performance Indicators under the Training Common Use Arrangement.

PART B: CONFIRMATION BY PROVIDER

To: _____ (Contact name and name of Public Authority)

Course Name	
Course Code	
Seat/Course Numbers Confirmed	
Course Commencement Date	
Course Time	
Customisation - Number of Hours/Half Days/Full days required	
Volume discounts offered (if applicable)	
Contract Management Requirements from Part A agreed upon? (if applicable) If no, please specify areas not agreed upon	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prerequisites	
Catering	
Directions and Parking	
Other information	

If there are multiple courses being purchased through one engagement, please copy and paste the above for each different course.

The price for these services is:

Course Rate (for total number of seats)	
Customisation Costs	
Additional Costs (please specify)	
Total Price	

***Public Authorities are advised to respond swiftly given the limited number of seats.**

I (the Provider) certify that the information is in accordance with the conditions of contract (CUATRA2012 - Training Courses)

Name: _____

Signed: _____

Date: _____

PART C: ACCEPTANCE BY CUSTOMER

To: _____ (Name of Provider and contact name)

We agree to make an engagement under the conditions of contract CUATRA2012-Training Courses.

The following additional requirements have been agreed upon by both parties (if applicable):

(Insert Customer Contract additional requirements i.e. Reporting and Contract Management requirements).

Name: _____

Signed: _____

Date: _____