

MEMBERSHIP & BLANKET COVER INSURANCE APPLICATION FORM

IN ASSOCIATION WITH



Jobs Australia

SECTION 1

Membership Application

INTRODUCTION

Before completing this form, please check that your organisation is eligible to become a member of Jobs Australia Limited.

Full Members:

Is your organisation a not for profit organisation engaged in the delivery of programs and services to assist unemployed people to gain and retain employment?

Associate Members:

Not for profit community service organisations are eligible for Associate Membership

For more information call our office on Freecall 1800 331 915 or 03 9349 3699 or visit our website www.ja.com.au.

What do I get for my membership?

MEMBERSHIP INCLUSIONS	WHAT'S INCLUDED
Access to Membership Services	Website services including Human Resource Portal and Employment Hero
Tailored Insurance Program	Access to a range of insurance offerings from our partners Marsh insurance (for more information see the Jobs Australia website)
Training and Consultancy Services	As well as our National Program of workshops on topical Human Resource Management (HRM) and Industrial Relations (IR) issues, we provide tailored programs on request for individual organisations or networks, regarding good HRM and IR practice
Consultancy Services	Available for complex HRM and IR issues, such as reviewing HR policies or enterprise bargaining. Jobs Australia also provides investigation and mediation services. Position description evaluation service is also available
Professional HRM / IR Advice	Human Resource management issues receive expert advice and Workplace Relations Advisers provide advice on industrial relations, including hiring staff and drafting contracts, rates of pay, termination of employment and other employment conditions
Awards, Pay Tables and Agreements	Provision of news and updates, pay tables, guides and fact sheets to keep you informed of developments in awards, enterprise agreements and rates of pay of particular interest to the not for profit community sector
Representation	Negotiations on employment matters for your organisation, such as enterprise bargaining, performance management, unfair dismissal claims, and disputes (additional fees may apply and the WR team will provide advice and quotes on complex or time intensive cases)
Bespoke Events	Access to Jobs Australia conferencing, forums and events with membership discounts
Subscriptions	Subscriptions to the Jobs Australia newsletter RADAR
Fact Sheets	Available via the Jobs Australia website
Updates	Across Jobs Australia social media platforms

MEMBERSHIP APPLICATION FORM

BUSINESS DETAILS			
Legal Name			
Trading As Name			
Business Address			Postcode
Contact Person	Position:		
Email Address	Telephone No.		
Membership Category	Full Member <input type="checkbox"/>	Associate Member <input type="checkbox"/>	ABN
Is your organisation affiliated with any other Jobs Australia member			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide entity name.			
FINANCIALS			
1. Estimate of gross annual turnover July 2020 – June 2021			\$
2. Estimate of gross annual payroll July 2020 – June 2021			\$
3. Estimate of your annual Gross Operating Expenditure July 2020 – June 2021			\$
4. Number of Equivalent Full-time Employees (EFTs) employed by the organisation:			
a) Total hours of Fulltime & Part-time Employees per week			
b) Average total hours of long-term Casual Employees per week			
c) Number of Labour Hire Employees			
d) Number of Contractors			
e) Number of On Hired Workers (excluding participants or job seekers)			
f) Number of Board/Committee Members			
g) Number of Jobs Seekers / Participants			
h) Number of Unpaid Volunteers			
i) Number of Paid Volunteers			

INDUSTRIAL AWARDS

Please Tick those that apply to your organisation

Workplace Agreements:

Collective Agreement (if this applies to your organisation please send a copy of any registered agreement which currently apply in your workplace)

Modern Awards (operating from 1 January 2010)

Labour Market Assistance Industry Award 2010

Social, Community, Home Care and Disability Services Industry Award 2010

Supported Employment Service Award 2010

Educational Services (Post- Secondary Education) Award 2010

PROGRAMS & SERVICES INFORMATION

Please provide details of the Program and Services your organisation Provides (tick):

JobActive <input type="checkbox"/>	ParentsNext <input type="checkbox"/>	Vocational Training <input type="checkbox"/>	Labour Hire <input type="checkbox"/>
Disability Employment Services (DES) <input type="checkbox"/>	Transition To Work <input type="checkbox"/>	Remote Jobs & Communities Programme <input type="checkbox"/>	Carer Development <input type="checkbox"/>
Community Development Program (CDP) <input type="checkbox"/>	Green Army <input type="checkbox"/>	Non-Accredited Training <input type="checkbox"/>	Recruitment (on-hired) <input type="checkbox"/>
Employability Skills Training (PaTH) <input type="checkbox"/>	Registered Training Organisation <input type="checkbox"/>	Group Training Organisation <input type="checkbox"/>	Recruitment (permanent) <input type="checkbox"/>
AEMP <input type="checkbox"/>	Australian Apprenticeships Centre <input type="checkbox"/>	Social Enterprise <input type="checkbox"/>	Youth Services <input type="checkbox"/>
Other <input type="checkbox"/>			

Other please specify:

STATE SPLIT OF YOUR BUSINESS ACTIVITIES

Please ensure the total equals to 100%

ACT	NSW	NT	QLD
SA	TAS	VIC	WA

BLANKET COVER INSURANCE PROGRAM

Our insurance program is designed especially for not for profit organisations that provide employment and training services and reduces the risk and liability of your everyday dealings with the community.

This offer is exclusive to Jobs Australia Members.

If you would like an obligation FREE QUOTE, please complete Section 2 – Insurance Application Form.

If you do NOT require a Free QUOTE for insurance, Please return completed membership Application Form to the Memberships Team at Jobs Australia via email – memberships@ja.com.au

SECTION 2

Blanket Cover Insurance Application

INTRODUCTION

This Insurance Declaration details all of your insurance covers due for renewal for this insurance period. It is important that you review this information in detail and advise us of any changes needed. We have included an underwriting questionnaire section to provide the insurers with updated information, e.g. changes to the physical risk, acquisitions or disposals, adoption or cessation of processes or systems. This allows them to re-assess the risk covered by your policies.

You need to disclose to your insurer everything relevant to their decision to write your risk and on what terms. This Duty of Disclosure applies at all times, so please tell us about any changes to your circumstances or details. It also applies to all persons, companies and parties named in your policies.

For more details refer to the Important Information at the rear of this Insurance Declaration.

All requests for changes or inclusions of any type, including limits or sums insured shown, will form part of our renewal negotiations with Insurers.

They will not automatically take effect from the expiry date of the policies involved, or from the date of your request and no changes to cover apply until Marsh has received Insurers' agreement. Unless requested otherwise by you, the changes will be negotiated to take effect from the commencement date of the next insured period.

Please call **Lauren Malkin** at Marsh on **03 9613 1423** if you have any questions or need help completing this Insurance Declaration.

DIRECTORS AND OFFICERS

3. At any time in the past, has any claim been made against the Organisation/Business or any office bearers, Executive Staff, Sub-committee members or employees of the organisation?

Yes No

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

4. Are there any circumstances not already notified which may give rise to a claim against the organisation or any office bearers, executive staff, sub-committee, or employees of the organisation:

Yes No

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

5. If the insurance similar to that now proposed has been, or were now in effect, would any claim which had been made, or which is now pending against the organisation or any person of the organisation, have fallen within the scope of such insurance?

Yes No

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

6. Is any person proposed for insurance aware, after enquiry, or any circumstance or incident which he/she believes might give rise to any future claim that would fall within the scope of such insurance

Yes No

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

7. Has there been, or is there now pending, any prosecution of the organisation or its subsidiaries under the Corporations Law, Trade Practices Act or any other Statute?

Yes No

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

8. Does your organisation have a Risk Management policy in place?

Yes No

CRIME

9. Please confirm that the person reconciling bank statements does not also sign cheques and/or handle bank deposits, and that the person preparing cheque requisitions does not also sign cheques?

Yes No

10. Are countersigned/dual approvals required on all cheques and funds transfers?

Yes No

11. Is there an annual independent physical count of stock that is reconciled against inventory records?

Yes No

PROFESSIONAL INDEMNITY

12. Please describe the precise nature of your Professional Business Activities?

***example – Recruitment, psychology and/or counselling service*

EMPLOYMENT PRACTICES LIABILITY

13. How many directors and/or employees have been retrenched in the past 12 Months?

14. Does the applicant anticipate any retrenchments or layoffs within the next 12 months?

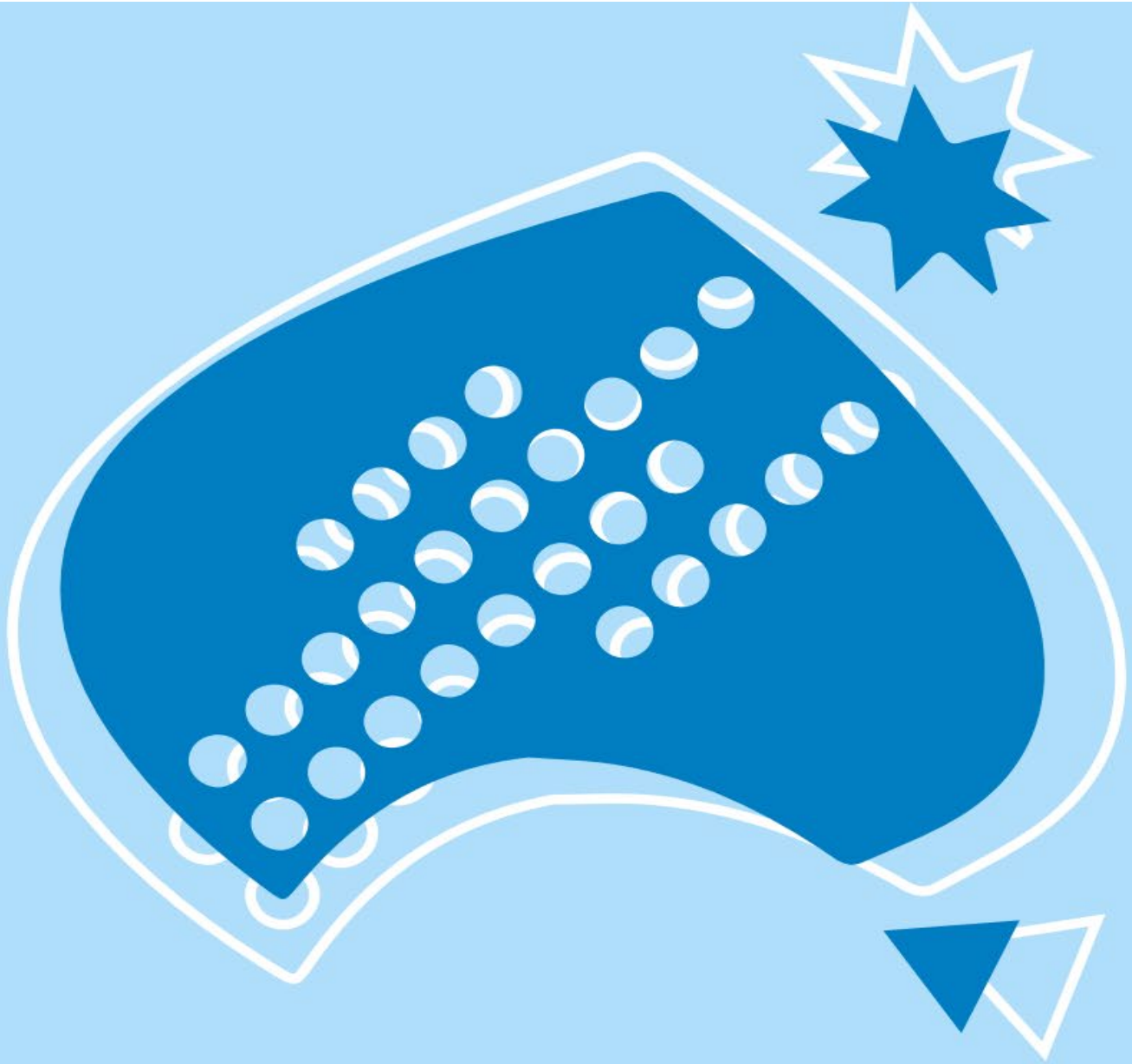
Yes No

CYBER LIABILITY

WHO IS THIS FOR?	WHAT DOES IT COVER?
<p>Most businesses including – but not limited to – employment service providers, healthcare providers, retailers, educational facilities, professional services firms, public entities, energy companies, transportation and logistics companies and financial services providers.</p>	<ul style="list-style-type: none"> - Cyber Incident Response Costs - IT Forensics, legal, breach notification and crisis communications - Cyber Crime (including social engineering, theft of personal funds) - Cyber Extortion - System Damage - System Business Interruption - Cyber and privacy liability - Reputational Harm - Management Liability (arising from a Cyber Attack) - Media Liability
<p>31. Would you like Marsh to provide you with a Quotation for Cyber Risk Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have selected Yes, you will be provided with a two page Cyber Application Form to complete and return to Marsh. Upon receipt of two page form Marsh will forward you a quotation for review and acceptance. Please note, by ticking YES it does not automatically provide you with a Cyber Risk Insurance policy</p>	

DISCLOSURE

<p>Your Duty of Disclosure – Contracts of General Insurance Subject to Insurance Contracts Act. Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty, however, does not require disclosure of matter:</p> <ul style="list-style-type: none"> • that diminishes the risk to be undertaken by the Insurer; • that is of common knowledge; • that your Insurer knows or, in the ordinary course of his business, ought to know; as to which compliance with your duty is waived by the Insurer <p>Non-Disclosure If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.</p>	
Signed on behalf of Jobs Australia member	
Authorised Officer	
Name of Person completing this Declaration	
Position Title	
Contact telephone No	
Contact Fax No	
Postal Address	
Email	
Date	
<p>Please return this completed declaration to the Insurance Team at Jobs Australia jobsaustralia@jlta.com.au</p>	



Jobs Australia

Tel: 03 9349 3699
Free Call: 1800 331 915
www.ja.com.au

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