

CONSULTANT RECOMMENDATION AND APPOINTMENT FORM

Project Name / Activity Title	
Project Number (if any)	
Cost Centre	
Person Responsible / Contract Administrator	

1.0 TENDERS OR OFFERS/ QUOTES RECEIVED (IN ORDER OF PREFERENCE)

Note 1: Minimum of 3 quotes (RFQ) is required for fees that are or have potential to exceed \$5000 (refer University Procedure)

Note 2: A tender (RFT) is required for fees that are or have potential to exceed \$100,000 (refer University Procedure)

Note 3: If only 1 or less than 3 quotes obtained a supporting memo explaining why this is the case is required.

Tenderer / Quote	Name	Total Price	Comments
1			
2			
3			
4			

2.0 COMPARISON WITH BUDGET (if any)

Tendered / Quoted Sum	Budget (i.e. amount identified in operational budget for this activity. If not budgeted state n/a)	Variance	Budget Location (e.g. Division, Activity Centre, Dissection Code)

3.0 PRE-APPOINTMENT CHECKLIST

Tender Evaluation Report / Quotes Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have all university policies or guidelines been complied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there sufficient budget to complete consultancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If part of a project, has the Project Steering Committee approved appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are all negotiations finalised and contract ready for execution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has the Consultant provided evidence of sufficient insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the consultant an approved University Contractor for Health and Safety Purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have an agreed process in place for tracking hours worked for claim verification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>



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Provide information for any 'No' responses'

4.0 PURCHASING METHOD / CONTRACT DETAILS

Contract / Order Type	Key Performance Indicators / Deliverables?	Level of Professional Indemnity Insurance	Level of Public Liability Insurance	Person responsible for managing / administering the contract / Engagement

5.0 RECOMMENDED BY

Position	Name	Signature	Date

6.0 APPROVALS

6.2: Consultant Appointments – Operational Expenditure in the Operations Group of Divisions

	Position	Name	Signature	Date
Up to \$30k (unless Cat. 3)	Director*			
>\$30k-\$1M & Category. 3	Chief Operating Officer *			
>\$1M	Vice-Chancellor*			

* note this delegation only applies if expenditure is within approved budget – refer schedule of financial delegations.

6.2: Consultant Appointments – Operational Expenditure in All Other Divisions

	Position	Name	Signature	Date
Up to \$75k	Academic Cost Centre Head*			
>\$75k-\$500k	PVC's / DVC's*			
> \$500k	Vice-Chancellor*			

* note this delegation only applies if expenditure is within approved budget – refer schedule of financial delegations.

