**CONTRACTOR AGREEMENT COVER SHEET FOR INSTRUCTIONS TO LEGAL SERVICES   
(where the University engages a contractor to carry out works)**

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| Instructing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Name of LTU project leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of School/Department or Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Issue** | **Questions** | **Instructions** | | | | | | | | | | | | | | |
| **Type of Contractor** | Are you required to complete the Independent Services Contractor Checklist? | **Yes/No** | |  | | | | | | | | | | | | |
| If **YES**, please attach completed form. If **NO**, please provide reasons |  | | | | | | | | | | | | | | |
| **Other Agreements** | Has this Contractor previously provided services to the University?  If yes, please provide the Legal Ref (LEG) number for that previous work | **Yes/No** | |  | | | | | | | | | | | | |
| **Legal Ref.** | | LEG/ | | | | | | | | | | | | |
| **Contractor details** | What is the **company name** of the Contractor? |  | | | | | | | | | | | | | | |
| What is the ABN of the Contractor? |  | | | | | | | | | | | | | | |
| **Contactor contact details** | 1. What is the address, telephone number, and email address? | **Address** | |  | | | | | | | | | | | | |
| **Telephone** | |  | | | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | | | |
| 1. Who is the contact person at the Contractor? | **Name** | |  | | | | | | | | | | | | |
| **Title** | |  | | | | | | | | | | | | |
| **University contact** | Who is the contact person at the University for the Contractor? | **Name** | |  | | | | | | | | | | | | |
| **Title** | |  | | | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | | | |
| **Services** | Please **provide/attach** a brief description of the Services to be provided. |  | | | | | | | | | | | | | | |
| **Specified Personnel** | Is the University expecting specific people from the Contractor to perform the Services? If so, provide their names and their titles | **Names/ Titles of Specified Personnel** | |  | | | | | | | | | | | | |
| **Term** | What are the intended start and end dates for the Agreement? | **Start Date** | |  | | | | | | **End date** | | | |  | | |
| **Total Value** | What is the total monetary value of this agreement? | **Value (ex GST)** | |  | | | | | | | | | | | | |
| **Rate** | What is the hourly rate and how many hours are expected to be required? | **Hourly rate (ex GST)** | |  | | | | | | **No. of hours** | | | | |  | |
| **Timing of Payment** | When will the Contractor receive payment? EG Monthly, at certain milestones, only at end etc |  | | | | | | | | | | | | | | |
| **Policies** | Are there any specific LTU policies this contractor needs to follow? | **Yes/No** |  | | | **If yes, what?** | | |  | | | | | | | |
| **Procurement** | Have the University’s procurement process been followed? | **Yes/No** |  | | | **If no, why?** | | |  | | | | | | | |
| **Intellectual property (IP)** | Who will own any intellectual property (IP) arising from the project? (*Please* ***tick*** *preferred position*) [**leave blank if no IP**] | **LTU to own all** | | |  | | | **Owned jointly by the parties** | | | | | | | |  |
| **Other party to own all** | | |  | | | **Owned according to contributions made** | | | | | | | |  |
| Is the University contributing its own Background IP to assist the project? | **Yes/No** |  | | | | | | | | | | | | | |
| Is the Contractor contributing its own Background IP to assist the project? | **Yes/No** |  | | | | | | | | | | | | | |
| **Commerciali-sation** | 1. Is there a possibility of any commercially valuable IP arising? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. Are there any proposals to commercialise any project IP? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. Will the other party have any commercial interest in the outcomes? | **Yes/No** |  | | | | | | | | | | | | | |
| **Subcontracts** | Will the Contractor be able to engage any subcontractors, external parties or other collaborators to perform any part of the project? | **Yes/No** |  | | | | | | | | | | | | | |
| **Details** |  | | | | | | | | | | | | | |
| **Privacy** | Will any personal information (e.g. names, details or unique identifiers) be transferred, collected or dealt with by the Contractor? | **Yes/No** |  | | | | | | | | | | | | | |
| **Details** |  | | | | | | | | | | | | | |
| **Insurance** | 1. Will the Contractor be coming onto campus to perform the project? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. If yes, how much time will they spend on campus (EG: all/most; 50%) |  | | | | | | | | | | | | | | |
| 1. Confirm that you will seek and hold a copy of the Contractor’s insurance policy after the Agreement is signed | Yes/No | | | | | | | | | | | | | | |
| **ICT requirements** | 1. Do the services under this contract relate to ICT? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. Does the contractor require access to our ICT systems? If so, what? | **Details** |  | | | | | | | | | | | | | |
| **Checks prior to start** | 1. Is a Police Check required before commencement? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. Is a Working with Children check requirement before commencement? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. Are any other checks required? | **Yes/No** |  | | | | **If yes, what?** | | | |  | | | | | |
| **Conflict of interest [[1]](#footnote-1)** | 1. Could there be a Conflict of Interest between the Contractor and any University personnel involved in this project? | **Yes/No** |  | | | | | | | | | | | | | |
| 1. If yes, has the Conflicts of Interest Disclosure Form been completed? | **Yes/No** |  | | | | | | | | | | | | | |
| **Risk calculator** | Are you required to complete the Risk Calculator[[2]](#footnote-2)? | **Yes/No** |  | | | **If yes, is this project a risk?** | | | | | | |  | | | |
| **Budget** | Are the Contractor fees within the area’s budget? | **Yes/No** |  | | | **Where are funds allocated from?** | | | | | | |  | | | |
| **Authorisation** | Has the Head of Department or Director approved this arrangement? | **Yes/No** |  | | | **If yes, who approved?** | | | | | |  | | | | |

1. Please refer to La Trobe’s *Conflicts of Interest Procedure* for relevant examples and required process in the event of a conflict: [www.latrobe.edu.au/policy](http://www.latrobe.edu.au/policy/) [↑](#footnote-ref-1)
2. Please refer to the [Delegations and Authorisations Policy](http://www.latrobe.edu.au/policy/documents/delegations-and-authorisations-policy.pdf) and the [Decisions Reserved for Council](https://intranet.latrobe.edu.au/matrix/__data/assets/pdf_file/0007/72358/Decisions-reserved-for-Council.pdf) document [↑](#footnote-ref-2)