**Australian Resuscitation Council**

Request for Proposal (RFP) Response Form – Contracted ARC ALS Instructor Course Centres

## **Supplier Response to Evaluation Criteria**

### **Mandatory Criteria**

Please fill out the following and upload to the [submission portal](https://9day5qnvn8w.typeform.com/to/yiZrJBWe)

|  |  |
| --- | --- |
| Existing ARC ALS2 Course Provider | |
| ☐ Yes | ☐ No |

### **Weighted Criteria**

### **Relevant experience and past performance (40%)**

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| --- |
| Provide details on your previous or current experience and past performance that demonstrates your suitability to partner with the ARC to establish an ARC ALS Instructor Course Centre(s). |
|  |

### **Methodology to deliver against Specification (15%)**

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| --- |
| Demonstrate your understanding of the service requirements and service timelines and identify any non-compliances including alternative approaches. |
|  |

### **Capability and capacity to fulfil Requirements (40%)**

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| --- |
| Please provide details of your organisation’s capability to provide the specified services. |
|  |
| Please provide details of your organisation’s capacity to provide the specified services. Explain why this is sufficient to deliver the Requirements in full, on time, to specification and in the quality required. |
|  |

### **Value Added Services (5%)**

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| Please provide detail of any Value-Added Services your organisation provides as part of this RFP. This relates to any additional services / items your organisation would offer above those specified in this RFP document that would add value to the ARC and/or our clients. |
|  |

### **Non-Weighted Criteria**

### **Risk Assessment**

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| Provide details of the risk management strategies and practices that You would implement in the delivery of the requirements set out in the specification. |
|  |
| Please state any assumptions You have made in relation to the ARC’s Requirements. |
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| **References** | |
| Please provide up to three references that may be contacted in relation to Your RFP response. | |
| **Name** | **Contact Details** |
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