**aNNEXURE A 2: Bidder TECHNICAL Compliance Checklist**

**The form must be submitted in File 1, Exhibit 2**

**Example of how to complete the compliance checklist:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non Compliant** | **Reference page in proposal** | **Comments** |
| 1.1 | Years of service in rendering incapacity leave and ill - health retirement support | Yes  **EXAMPLE** |  |  | Page 9 to 12 - exhibit 2 |  |
| 1.2 | Scope of services covered within the incapacity leave and ill - health retirement |  |  |  | Page 13 to 15 - exhibit 4 | Bidder to state reason for partial compliance |

1. **INCAPACITY LEAVE AND ILL – HEALTH RETIREMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non Compliant** | **Reference page in proposal** | **Comments** |
| 9.1.1 | Years of service in rendering incapacity leave and ill - health retirement; |  |  |  |  |  |
| 9.1.2 | The extent of expert support in managing incapacity leave and ill - health retirement and related services; |  |  |  |  |  |
| 9.1.3 | Scope of services covered within the incapacity leave and ill - health retirement; and |  |  |  |  |  |
| 9.1.4 | Describe your management of incapacity leave and ill - health retirement referrals in multiple sites over various regions within required response. |  |  |  |  |  |

1. **COMPLIANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non Compliant** | **Reference page in proposal** | **Comments** |
|  | Provide proof of compliance to the following: |  |  |  |  |  |
| 9.2.1 | Occupational Health and Safety Advisory Services (OHSA). |  |  |  |  |  |
| 9.2.2 | Health Professions Council of South Africa (HPCSA). |  |  |  |  |  |

1. **NATIONAL FOOTPRINT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non Compliant** | **Reference page in proposal** | **Comments** |
| 9.3.1 | Provide evidence of national footprint in provinces/regional, urban and remote areas for the provision of incapacity leave and ill - health retirement and related services. |  |  |  |  |  |

1. **REFERENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non Compliant** | **Reference page in proposal** | **Comments** |
| 9.4.1 | Bidder(s) are required to provide 3 current/recent contactable references to which similar services are/were provided. The references must include the following information:  The name of the company;  • The name of the contact person;  • The company’s business address;  • Phone numbers; and  • The duration of the bidder’s contract with the company and a brief description of services provided. |  |  |  |  |  |