**CONTRACT NO. : PF/3059/2018**

**Support to create and deliver the Colombia Prosperity Fund Communications Video**

**Duty of Care Acceptance**

The Service Supplier must develop their Tender on the basis of being fully responsible for Duty of Care. Please upload the following acceptance document.

1. Supplier fully accepts responsibility for Security and Duty of Care.
2. Supplier understands the potential risks and has the knowledge and experience to develop an effective risk plan.
3. Supplier has the capability to manage their Duty of Care responsibilities throughout the life of the contract.
4. Acceptance of responsibility must be supported with evidence of capability (no more than two pages and the FCO reserves the right to clarify any aspect of this evidence).
5. In providing evidence, Suppliers should consider the following questions:
6. Supplier must complete an initial assessment of potential risks that demonstrates knowledge and understanding, and understands the risk management implications (not solely relying on information provided by the FCO).
7. Supplier must prepare an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
8. Supplier must ensure or will ensure that his staff are appropriately trained (including specialist training where required) before they are deployed and you will ensure that on-going training is provided where necessary.
9. Supplier must ensure that has an appropriate mechanism in place to monitor risk on a live / on-going basis, and will put one in place if you are awarded the contract).
10. Supplier must ensure and will ensure that his staff is provided with or have access to suitable equipment and will ensure that this is reviewed and provided on an on-going basis.
11. Supplier must ensure that has appropriate systems in place to manage an emergency / incident if one arises.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / 2018