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1.1 VISION

To promote sustainable management of natural resources and enhance socio-economic conditions in local communities through empowerment of community members.

1.2 MISSION STATEMENT

To improve the socio-economic conditions of communities through the empowerment of community members to sustainably manage their natural resources

1.3 GOAL

To improve the socioeconomic well-being of communities through the participatory management of their natural resources.

1.4 OBJECTIVES

- Accompany 100 communities to defend their rights and sustainably manage their natural resources.
- Strengthen 30 communities by promoting sustainable Agriculture and Income Generating Activities (IGA).
- To facilitate access to health services and provide knowledge and skill to improve health practices in 200 communities.
- Constantly enhance the Organisational Capacity and build partnerships that will enable the attainment of set objectives.
- Build firm partnership that will constantly secure resources for the realization of AJESH's VISION

1.5 VALUE

Integrity, honesty, and commitment are essential values that drive us to deliver excellent quality service.

1.6 PHILOSOPHY

- Change small things first.
- Change myself first.
- Encourage Ownership
- Leadership development
- Movement and community
- Build Inside-out, bottom-up
- Love others
- Share with others

1.7 HISTORY

AJEMALEBU SELF HELP (AJESH) was established in 2006 as a Common Initiative Group (CIG) to promote agriculture and conserve natural resources in communities within the Kupe Muanenguba Division of the South West Region in Cameroon.

A team of professionals conducted studies around the region and, based on the recommendations from these studies, especially on natural resources and livelihood activities, the founding members decided to form a broader group that could effectively address the challenges identified in the field.

As a result, AJESH was transformed into an NGO (Association). Today, AJEMALEBU SELF HELP (AJESH) is a Civil Society Organization operating that today operates branches in Cameroon, Ghana, Tanzania, and the United States of America (USA for fundraising).

It is a non-profit making organization that is recognized as an apolitical entity.

AJESH is therefore structured as follows:

General Assembly (Supreme body)

Executive Bureau (Directing body)

Executive Directorate (Executing body)

1.8 STRATEGIC INTERVENTION AREAS

Strategic Intervention Areas

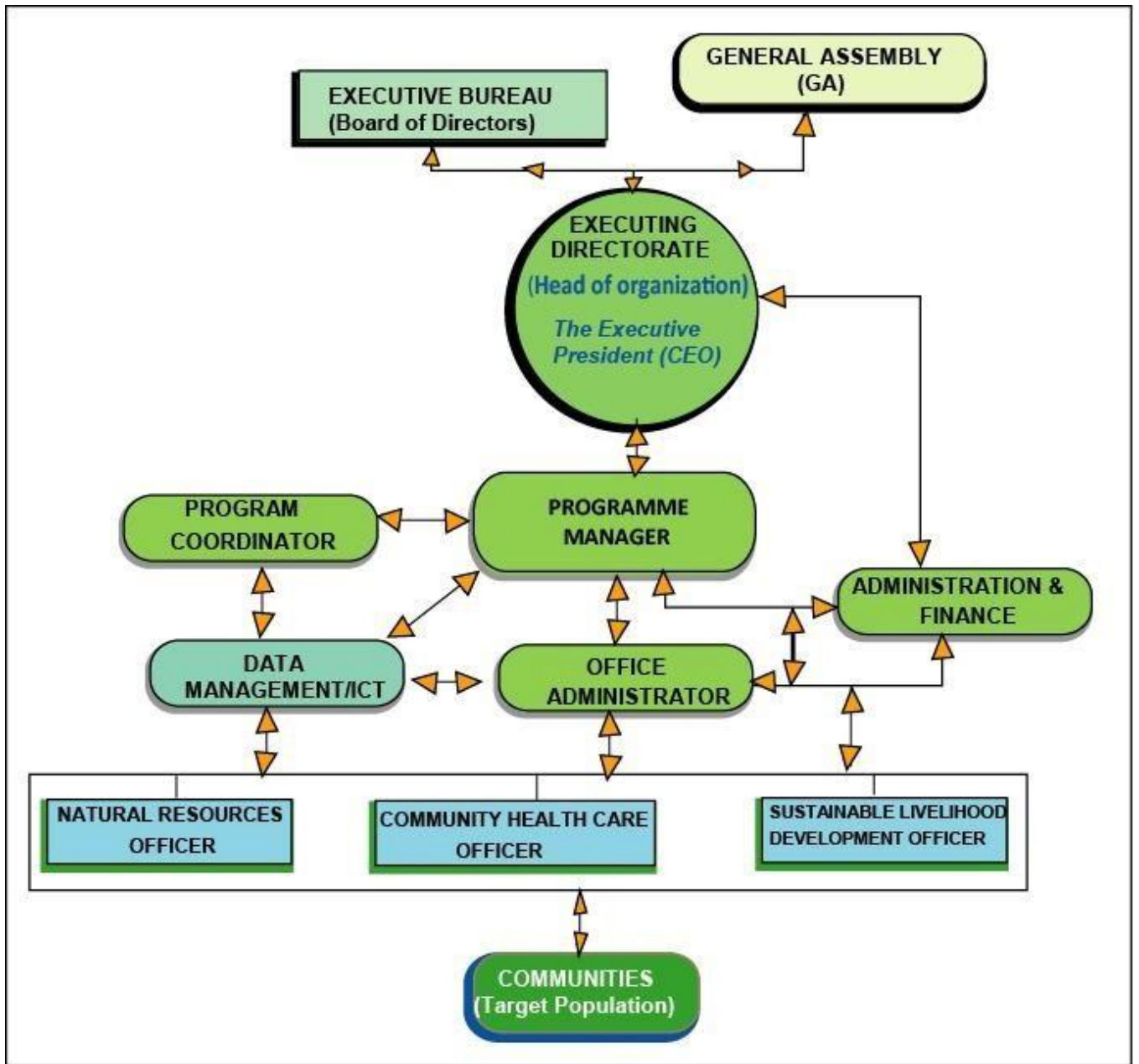
Sustainable Co-Management of Natural Resources

- Forest governance and protection of terrestrial, wetlands and marine ecosystems,
- Promoting Nature Based Positive Solutions for REDD++ and Climate Change,
- Biodiversity Conservation (Protected Area, Key Biodiversity Areas – KBAs, Alliance for Zero Extinction – AZE, Other Effective area-based Conservation Measures – OECMs),
- Biodiversity Research and Innovation (genetic resources, access to Benefit Sharing (ABS), Bio-trade, Payment for Ecosystem Services (PES), certification,
- Restoration of landscapes and seascapes,
- Fresh water and watershed management,
- Bio-monitoring and wildlife surveys,
- Climate Change (Adaptation, resilience, mitigation),
- Land tenure management (mapping and land use planning),
- Non-Timber Forest Products (NTFPs),
- Landscape Management (Land Degradation Neutrality),
- Environmental education,
- Forest landscape certification, and
- Ecotourism.

Community Wellbeing

- Agroforestry,
- Agroecology,
- Regenerative Agriculture,
- Agricultural Soil quality enrichment (Biochar, regenerative processes,),
- Improving production, processing and marketing / Value Chain Development Approach (VCDA),
- Promoting Agro/Livestock Enterprise Development,
Promoting Income Generation Activities (IGA) in Agriculture and Livestock,
- Food security,
- Humanitarian Support, and
- Community environmental health care.

1.8 ORGANISATIONAL CHART



SECTION TWO: ASSOCIATION BUSINESS

- 2.1 Certificate of Incorporation - Copy
- 2.2 Constitution – Copy
- 2.3 Common Seal
- 2.4 General Assembly Meetings
- 2.5 Induction for New Association Members
- 2.6 Board of Directors Meetings
- 2.7 Induction for New Management Board
Members

2.1 CERTIFICATE OF INCORPORATION

SOUTH WEST PROVINCE

REPUBLIC OF CAMEROON

Peace-Work-Fatherland

**KUPE MUANENGUBA DIVISION
PREFECTURE BANGEM
BUREAU OF ASSOCIATION AND
POLITICAL PARTIES**

DATE 12 NOV 2007

REF NO. 298/AR/G.42/162BAPP

**THE SENIOR DIVISIONAL OFFICER
TO WHOM IT MAY CONCERN**

Subject: **ACKNOWLEDGE RECEIPT**

I, the undersigned, senior divisional officer for Kupe-Muanenguba Division, Bangem in conformity with article 7 section 1,2,3 of law No. 90/053 of 19th December 1990 governing freedom of association, do here acknowledge receipt of a declaration file of an association.

Name of association: **AJEMALEBU SELF HELP (AJESH).**

Goal:

To promote sustainable Development through self reliant efforts, education, and training to reduce the impact of societal poverty.

Objectives:

- To encourage and promote education, training, refresher courses for poor local people;
- To carry out actions that ensure the sustainable management of natural resources;
- To initiate and carry out work studies/research, represent, follow up and influence policies that safeguard the interests of the under privilege group in the society.

Head Quarter: Nyasoso, Kupe Muanenguba Division, South West Province of Cameroon.

Management of the association:

Mr. Harrison Ajebe Nnoko Ngaaje	- Executive President
Ms. Ebude Blessing A.	- Vice President
Mrs. Ntoko Lucy Kelle	- Secretary General
Mrs. Serah Malike Ngoe	- Treasurer
Mr. Samuelson Ntoko Fru	- Financial Secretary
Mr. Denis Ngoe Ajebe	- Auditor
Dr. Ewane John Jens	- Adviser
Mrs. Catherine Ebong Miue	- Adviser

In testimony whereof this acknowledgement receipt has been issues to the concerned to serve the purpose for which it is intended.

Bangem, the 12 NOV 2007

THE SENIOR DIVISIONAL OFFICER



**EBOUE NJOUME
SENIOR ADMINISTRATIVE OFFICER**

C.C.

- MINATD/Y'DE
- GOV/SWP/BUEA
- ALL PREFECTS / SWP
- ALL SUB PREFECTS / KM
- FLO / KM
- CONCERNED / FILE/ CHRONO

2.2 CONSTITUTION

AJESH is constitutionally bind by the articles of association.

2.3 COMMON SEAL

The Common Seal is to be affixed to all legal documents. The Common Seal and Register are to be kept in a secure location.

The Management Board will approve the affixing of the Common Seal whenever it is used.

The CEO will keep a Common Seal Register detailing:

- the document it was affixed to;
- date;
- signatories.



2.4 GENERAL ASSEMBLY MEETINGS

A General Assembly Meeting is to be held every 3 years, within six months of the end of the third financial year. Whilst the GAM meets the legal requirements of the organization is also an important event in terms of the accountability of the organisation and an opportunity to celebrate the achievements of the organisation and the people involved.

The General Board of Directors' (BoDs) meeting happens annually and it is convened by the board chair.

The Board of Directors and staff are involved in the preparations for the GAM.

An annual report must be prepared with the following reports to be included:

- Chairperson's report
- Treasurers report
- Staff report
- Outline of achievements in both organisational development and service delivery over the past year
- Statistics outlining the spread of service delivery undertaken by the organisation
- Auditors report
- Financial statements for the years closed
- General information about the service for people who are attending but have not been previously involved
- A list of staff employed over the year and the names of all members of the outgoing BoD.

Notice of not less than 14 days of the GAM must be given to all members of the Association. This should be in written form, including an agenda for the meeting, and posted to all members and other key organisations and individuals in the community.

If a special resolution is to be proposed, this must be detailed in the notice to members. Refer to all relevant forms attached to this policy for examples of preparing these documents.

Many issues require extensive preparation for the GAM, such as:

- Selection of an appropriate date, venue, catering
- Agreeing on and approaching a guest speaker
- Ensuring that a person is appointed as a returning officer
- Posting of all notices

Approaching a range of suitable people to join the new Management Board

Deciding on the format of the meeting, who will deliver reports, the informalities, etc.

After the completion of the GAM, if those people holding executive positions are newly elected, the Office of Fair Trading must be notified. Also, the Annual Return for the organisation must be sent to the Office of Fair Trading with the accompanying return fee.

All documents relating to the Association should be handed over from the outgoing Board to the newly elected Board .

Refer to the Constitution of the Association and to the Associations Incorporation Manual (Caxton Legal Centre) for more detail about the GAM and Annual Report.

2.5 INDUCTION FOR NEW ASSOCIATION MEMBERS

To join the Association of [organisation], applicants must fill out a membership form and pay the appropriate membership fee. In completing this form, applicants must agree to abide by the philosophy and aims of the organisation. All new applications for membership are approved by the Management Board .

When an application for membership of the Association has been approved by the Management Board , a letter is sent informing the person of their membership.

Included with this letter is:

- The constitution

- The mission statement, philosophy, objectives and relevant service information.

There are two categories of membership of the Association:

- Ordinary member – membership fee of \$???.00 (+GST)

- Reciprocal member – this category of membership is available to organisations with related objectives and involves each organisation gaining membership of the other without the exchange of membership fees.

Applications for membership may be refused by the Management Board . Refer to section? of the Constitution for details of this and section? for information regarding the appeal of rejection of membership.

2.6 BOARD OF DIRECTORS MEETINGS

Whilst the Constitution of AJESH only requires the Board of Directors to meet annually, in general, meetings will be held bi-annually. All BoD meetings will be held on the premises of AJESH and will run for approximately two hours.

If members are unavailable to attend the meeting, they should contact the service to register their apology.

A quorum will be required for each meeting to proceed and will be comprised of half the number of members plus one.

Staff representatives are required at all members unless previously specified by the BoD. Staff representation on the BoD is ex-officio; therefore, staff have no voting rights at meetings. The CEO and a member of the general staff will attend each meeting.

In the week prior to the meeting being held, the CEO will collate and send a range of reports to all members of the BoD so that they may become familiar with the contents of these reports prior to the meeting. The reports sent will include:

- An agenda for the meeting
- Minutes of the last management Board meeting
- Incoming and outgoing correspondence lists
- Workers reports (one report from each member of staff)
- Financial reports
- Any other written material required for the meeting.

A member of the Board will facilitate each BoDs meeting. A member of the board will nominate to record the minutes for this meeting. These minutes will be passed to the Finance Officer to be stored in the relevant files.

2.7 INDUCTION FOR NEW MANAGEMENT BOARD MEMBERS

The first Management Board meeting immediately after a GAM will be set aside for induction purposes. Prior to this meeting, the newly elected members of the Management Board will be provided with a range of documents including:

- Constitution
- Mission statement, philosophy, objectives
- Service information
- Job descriptions
- Current strategic plan
- All policies and procedures relating to the functioning of the Management Board (Section 3 of the organisation's Policies and Procedures Manual).

All staff will be required to attend the induction meeting for new Management Board members.

At this meeting Management Board members will be provided with:

- A tour of the premises
- An opportunity to meet staff and to hear from them regarding their work in the service

- Discussion about the history of the organisation and the current challenges
- Relevant issues in the domestic violence sector
- An overview of the financial situation of the organisation
- Any questions that may have arisen from the written material.

**SECTION THREE:
ORGANISATIONAL ROLES AND
ACCOUNTABILITY**

- 3.1 Roles and Responsibilities of the Board
- 3.2 Roles and Responsibilities of Executive President (CEO)
- 3.3 Roles and Responsibilities of Staff
- 3.4 Accountability
- 3.5 Decision Making
- 3.6 Conflicts of Interest

3.1 ROLES AND RESPONSIBILITIES OF BOARD OF DIRECTORS

The Board of Directors of AJESH has the overall responsibility for the operation of the organisation. The board operates within the Articles of Associations (AoA). A copy of the AoA is held at the service and will be made available to Board members on request.

There are five main areas of responsibility for the Board

- The board is responsible for ensuring consistency between all actions of the service and the philosophy and culture of the organisation.
- The board should ensure that the general direction of service delivery is consistent with internal requirements (philosophy and culture of the AJESH) and external demands (service agreements, trends and need assessments).
- The board is responsible for providing a workable, sustainable, efficient organisational infrastructure to allow for the effective provision of services by staff.
- The board is the accountable body of the organization and is responsible to the funding body and community in general for the distribution of funds and the provision of quality services.
- The board is the legal employer of all staff members.
All staff will be provided with annual performance review and planning processes. A board member will be elected by staff on an annual basis as a staff liaison person. This person will provide an independent contact between board and staff (separate to the CEO) and will provide support to staff.

The term of office for board members is five years.

Board members are elected at the General Assembly Meeting for the following 60-months period. All positions are declared vacant at a GAM, however outgoing Management Board members may renominate.

The number of members of the board will be determined by a majority vote at a General Meeting of the Association. The desirable number falls between 8 – 10 members. The number of members currently approved by a General Meeting is 10. Changes to this number must be made by a majority vote at a GAM.

There are two staff positions, both ex-officio, on the Board - the CEO and a staff representative (a position which rotates among all staff).

Board members may resign prior to the end of their term. The resignation should be received in writing. The Board may fill this vacancy on a temporary basis until the next GAM.

The Constitution refers to a number of situations in which a member of the Board may be removed from office. Refer to the Constitution.

Executive positions (Chairperson, Vice-Chairperson, Secretary, Treasurer) of the Board may be elected by the incoming Board at the first meeting after the GAM.

The Associations Incorporation Act provides specific detail about the roles of the Chairperson, Secretary and Treasurer. The persons occupying each of these positions should consult the Act for further information about these responsibilities. In terms of AJESH many of these responsibilities are delegated to the Executive President (CEO) It should also be noted that the Board of AJESH operates in a shared and consensual way where possible.

The Board Chairperson responsible for:

- Ensuring all meetings are correctly conducted.
- Signing all official correspondence.
- Having a general, overview of all business of the organisation, including service delivery.
- Liaising regularly with the CEO and being available to discuss any organisation, financial, staffing or service delivery issue when requested.

The **Vice Chairperson** is responsible for:

Acting as Staff / Management Board Liaison to ensure that the staff have an independent avenue of contact for any issues they may wish to raise with the Board.

In the role of Staff / Board Liaison, make regular contact with staff members both as a team and individually; pay particular attention to staff reports to ascertain if there are specific issues that require follow up; act as intermediary between staff and Board as directed by the Board. (This position is nominated from the staff group and discussed with the Board members before being ratified.)

The **Secretary** is responsible for:

- Ensuring that all meetings are properly recorded and that the minutes are placed in the Minutes Book, stamped with the common seal and signed.
- Ensuring the effective running of the GAM in conjunction with the staff group.

The **Treasurer** is responsible for:

- Overseeing the financial management of the organisation in conjunction with the CEO, Finance Officer and Financial Consultant.
- Present financial reports at Board meetings and at the GAM.
- Monitor annual budget in consultation with CEO, Finance Officer and Financial Consultant.
- Ensure that all financial transactions are correctly recorded and reported.

It is the responsibility of all **Board members** to:

- Have a working knowledge of the Articles of Association and agreed to behave, in their roles on the Management Board , within the law.
- Ensure that the organisation complies with the Constitution
- Ensure that the financial affairs of the organisation are accountable and transparent.
- Ensure the correct and proper employment and conditions for all staff.
- Participate actively in the administrative functions of the Board including chairing meetings, taking minutes, preparing correspondence, becoming a cheque signatory if appropriate, participating in public functions of the organisation.
- Act honestly and in the best interests of the organisation.
- Exercise care, skill and diligence in carrying out the role of Board member.

Members of the Board are individually responsible for ensuring that their participation is ethical and lawful and complies with the Articles of Associations and the Constitution of the organisation. The organisation will ensure that Board Chairmans and Officer's Liability Insurance is in place in the event that another party initiates legal action against the Management Board .

3.2 ROLES AND RESPONSIBILITIES OF EXECUTIVE PRESIDENT (CEO)

- The Executive President (CEO) is employed to act as the representative of the employing body (Management Board) on a daily basis.
- The Executive President (CEO) is responsible for overseeing the direct service delivery of the organisation and for ensuring that all staff are operating within the parameters established by the organisation.
- The Executive President (CEO) is responsible for ensuring that the organisational infrastructure is operating at an optimum level so that staff may undertake their work within the parameters established by the organisation and with support and guidance.
- The Executive President (CEO) will ensure that the Board is consistently provided with accurate and extensive information in order to make necessary decisions. The Executive President (CEO) must ensure that the Board is made aware of all activities of the service on a minimum monthly basis.

3.3 ROLES AND RESPONSIBILITIES OF STAFF

- The staff are responsible for ensuring the quality provision of services to the community through their professional practice.
- The staff group will implement all organisational policies and procedures where relevant and ensure the service's accountability to consumers and the community.
- All staff will adhere to their position descriptions and the role outlined therein.

3.4 ACCOUNTABILITY

Board Member:

Members of the Board are accountable both to each other and to the staff to ensure their active and responsible participation in the Board.

If a Board member does not attend more than two consecutive meetings, they will be asked to explain their absence and reaffirm their commitment to the organisation.

Board meetings will consist of all elected Board members, the Executive President (CEO), and a staff representative. The staff representative position is rotated amongst staff each meeting.

Executive President (CEO):

- The Executive President (CEO) is accountable to the Management Board for all aspects of their work and will be required to report to the Board monthly through written reports and participation at meetings.
- The Executive President (CEO) is also accountable to the staff team for their work and will seek feedback and evaluations of their performance at regular intervals.
- The Executive President (CEO) will also provide the primary point of contact for the community in general and will seek and respond to feedback when required.

Staff:

- All staff are accountable to the Executive President (CEO) and to the Board.
- Staff will meet regularly as a team to discuss workplace and practice issues. Staff will also meet regularly on an individual basis with the Executive President (CEO) to discuss workload issues and any other matters.
- Staff will be provided with the funds to obtain individual professional supervision on a monthly basis. Team supervision will be arranged when required.
- All professional staff are responsible for maintaining a high level of professional practice. Staff will be expected to operate within organisational philosophy, Objectives, policies and procedures. However, within these parameters, staff are autonomous in their professional practice.
- All staff will undertake annual performance review and planning processes.
- Each month a staff member will be appointed to attend the Board meeting and represent staff interests and issues.

- All staff will prepare monthly worker reports to be presented to the Management Board . These reports will be presented individually and will not be in any way altered or summarised by the Executive President (CEO) or any other individual.

- Each year staff will select a Management Board member to become a staff liaison person who is available to support staff and provide a channel of communication directly from staff to Board , independent of the Executive President (CEO).

3.5 DECISION MAKING

Board of Directors (BoDs):

The BoDs may make any decisions concerning the organisation that they believe are in keeping with the philosophy and the funding body requirements, consistent with their role and responsibilities

All decisions that are not currently recorded and ratified as policy must be taken to a Board meeting for ratification.

The Board will attempt to always make decisions in collaboration with staff and each other. However, in the event that consensus cannot be reached, a three-quarter majority of voting members of the Board will prevail.

Executive President (CEO):

The Executive President (CEO) will make appropriate decisions about service delivery and organisational infrastructure in line with the principles of consultation and the existing philosophy, aims, policies and procedures of the organisation. It is the role of the Executive President (CEO) to interpret these documents and to ensure they are implemented in the spirit in which they are intended by the Board.

- Where the Executive President (CEO) is required to make a decision outside of the existing documentation, the matter will be referred to a full Board meeting. In the event that a decision must be made prior to this meeting, the Executive President (CEO) will liaise with the staff team, where appropriate, and with a minimum of two Board members, including the Chairperson.

Staff:

Staff may make decisions in line with the documented policies and procedures on a daily basis. Any decisions requiring a change to existing policies must be referred to the Management Board.

- Staff may make decision in their professional practice that are consistent with the organisational philosophy, objectives, and policies.
- As a staff group, all decisions will be made collaboratively where possible. When consensus cannot be reached, and consideration of existing policies does not indicate a clear direction, the Executive President (CEO) will make the final decision. The Management Board may be approached if it is not appropriate for the Executive President (CEO) to make the decision or if the staff group believe that the Executive President (CEO) has acted inappropriately.

3.6 CONFLICTS OF INTEREST

Conflicts of interest may relate to any process relating to project management, service delivery, staffing issues and use of funds or assets belonging to the service. In all aspects of management and delivery of service, conflicts of interest will be avoided if possible and where they exist will be acknowledged.

All members of the organisation have a responsibility to declare any real or potential conflicts of interest.

Possible actions in dealing with a conflict of interest will depend upon the situations. Courses of action may include:

- Declare the potential conflict and draw everyone's attention to it;
- Contribute to the discussion or decisions only after everyone else has put their views;
- Abstain from voting or deciding on any questions where your interests' conflict;
- Leave the meeting during discussion and decisions where your interest conflict;
- Take leave of absence from the Board for the months during which the decisions where you have a conflict of interest will be made;
- Resign from the Board if the conflict is important and likely to continue.

SECTION FOUR: FUNDING

- 4.1 Ongoing Funding
- 4.2 Current Service Agreement
- 4.3 One-off Funding
- 4.4 Auspice / Sponsorship
- 4.5 Fundraising
- 4.6 Donations
- 4.7 Corporate Sponsorship

4.1 ONGOING FUNDING

Core funding for AJESH is received from the both National and International donors. The Service Agreement (refer to 4.2) represents the formal agreement between AJESH and the [funding body] detailing the services to be provided in exchange for funds allocated to the service. Service agreements are of three years duration.

Responsibility for all funding requirements and accountability lies with the Management Board. Day to day contact with the funding body is the responsibility of the CEO in liaison with the Projects Officer. Any changes or new developments in funding requirements or in the relationship between the service and the government must be reported by the CEO to the Management Board as a matter of urgency.

Funding amounts are deposited directly into the [organisation] account on a quarterly basis. Quarterly financial returns are provided to the Department as an accountability mechanism. These quarterly returns are prepared by the Finance Officer in conjunction with the CEO and the Treasurer and are also presented to the Management Board .

4.2 CURRENT SERVICE AGREEMENT

- a) Purpose of the project
- b) Period of project
- c) Amount awarded, payments, and exchange rates
- d) Accounting, records and audits
- e) Interim and final reports
- f) Ethical behavior
- g) Terrorism certification
- h) Termination, suspension, and close out
- i) Refunds
- j) Indemnification
- k) Miscellaneous
- l) Acceptance of this sub-agreement
- m) Annexes

4.3 ONE-OFF FUNDING

AJESH is committed to continually developing the service and to exploring options for expansion of programs and the development of organizational infrastructure. To this end, [organisation] will explore options for one-off project funding when a need is identified. One-off funding may be sought when specific projects are suggested by the staff group or the management Board.

The Executive President (CEO) will keep an up-to-date database of potential funding sources.

Proposals for new projects will be discussed with the staff team and the Management Board prior to commencing work on the submission. Submissions will be developed by the Executive President (CEO) and / or members of staff. All submissions will be approved by the Executive President (CEO) prior to presentation at a Management Board meeting where final approval will be sought.

All submissions will include an organisational auspice fee of between 5 – 15% of total project budget. In addition, administrative charges will also be calculated to cover proportional rent, postage, telephone, financial management fees, and other administrative costs.

AJESH will be responsible for the financial management and employment issues in any funded project, although other service providers may also be involved in the day-to-day management of projects.

4.4 AUSPICE / SPONSORSHIP

From time to time, AJESH may agree to use its legal status to enable another group (grantee) that is not incorporated to receive funds to provide services and activities that are consistent with the aims and objectives of this service.

AJESH may agree to sponsorship for a time-limited period, either because the group seeking sponsorship is planning to become incorporated in its own right, or because its activities will only run for a short time.

Where AJESH agrees to provide sponsorship, the sponsored group will usually have the primary role of implementing its program of activities or services.

As sponsor, AJESH has legal responsibility for all services and activities carried out by the sponsored group. Consequently, AJESH will take any remedial action necessary if the actions of the sponsored group are detrimental to the interests of this service.

Any sponsorship agreement between AJESH and a third party will recognise the primary role of the sponsored group to implement its program of services or activities, and at the same time acknowledge the legal authority AJESH holds in relation to responsibility for the program.

4.5 FUNDRAISING

4.6 DONATIONS

AJESH welcomes all forms of donations from individuals and organisations as long as they do not sell products or perform services that are contrary to the best interests of the service or the target groups and/or staff or damage in any way the good reputation of the organisation.

In the event that donations are received the process outlined will be followed:

- All donors will be issued with a receipt.
- Donors will be informed if their donation is tax deductible.
- Significant donations will be acknowledged in the annual report.
- If there are any conditions attached to the donation, Management Board approval will be required prior to accepting the donation.

4.7 CORPORATE SPONSORSHIP

SECTION FIVE: FINANCIAL MANAGEMENT POLICIES

- 5.1 Financial Management
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- 5.4 Monthly Financial Statements
- 5.5 Audit
- 5.6 Income and Expenditure
- 5.7 Payment of Goods and Services
- 5.8 Payroll
- 5.9 Petty Cash System
- 5.10 Project Management

5.1 FINANCIAL MANAGEMENT

AJESH is committed to a policy of open and accountable financial management and the maintenance of sound internal control systems. All policies comply with legal and acceptable accounting requirements.

The Finance Officer is responsible for data entry and the day-to-day overseeing of financial matters. The Finance Officer provides information regarding the financial position of the organisation to the Executive President (CEO) when such information is either requested or comes to the attention of the Finance Officer . The Finance Officer provides monthly written reports to the Management Board detailing the current financial position of the organisation.

A Financial Consultant is employed to oversee the financial practices of the organisation on a monthly basis. The Financial Consultant assists in the development of the monthly financial report to the Management Board.

Both the Finance Officer and the Financial Consultant liaise regularly with the Treasurer of the organisation. The Treasurer is kept informed of all financial matters via this monthly reporting. At any given time the Treasurer has a clear and detailed perspective of the overall financial position of the organisation and is responsible for ensuring that all Management Board members have a well-developed understanding of the organisation's finances and the principles of financial management in general.

An annual audit will be conducted by a qualified auditor, experienced in the financial matters of community-based organisations.

5.2 BUDGET

A budget will be developed for each financial year. This budget is developed by the Finance Officer with significant input from the Executive President (CEO), Financial Consultant and the Treasurer. The budget will be presented to both the staff group and the Management Board in draft form for discussion. The final budget will be ratified by the Management Board before implementation.

The budget is produced for each line item in each specific funding source so that the total budgeted expenditure is within the income allocated and ratified by the Management Board.

The actual income and expenditure by line item is entered by the Finance Officer into the financial system so that comparisons between actual and budgeted figures are calculated and the variation is identified.

5.3 BANK ACCOUNTS

There are three bank accounts operated by the organisation.

- Operational Account (cheque account). This account is the holding account for all of the organisation's operational funds from all sources.
- Community Donations Account. This account is the holding account for all donations, membership fees and self generated funds.
- Investment Account. Surplus funds from all sources are invested in this higher interest earning account.

In accord with the organisation's constitutional requirements, all accounts require authorised persons registered with the bank as the account signatories. A minimum of two of signatories will be Management Board members and two signatories will be staff (Executive President (CEO) and Senior Worker). The Finance Officer will not be a cheque signatory to ensure that all cheques are prepared by a different person to the cheque signatory. On each withdrawal it is a requirement that two signatories appear, one of which must be a Management Board member and one of which must be a staff member.

The name, type of account, bank, branch and list of signatories is presented to the Management Board for ratification when an account is opened. Changes can only occur at the direction of the Management Board.

Monthly bank statements will be received by the Finance Officer at the end of each month. These statements will be used to reconcile the accounts.

5.4 MONTHLY FINANCIAL STATEMENTS

Monthly financial reports are produced by the Finance Officer and the Financial Consultant and are presented to the Management Board for approval. This report includes:

- Statement of vouchers paid
- Summary month and year to date income and expenditure report with budget variance for each funding source
- Balance sheet
- Extraordinary expenditure and other issues of concern are raised in this report

The Finance Officer enters the monthly budget figures per chart of accounts into the accounting computer package once the annual budget has been ratified by the Management Board.

The Finance Officer posts all income and expenditure to date in accordance with source documents to the various accounts throughout the month using the accounting package.

At the end of each month the Finance Officer and Financial Consultant prepare the following reports using the accounting package:

- Trial balance
- General ledger detailed report
- Profit and loss statement for each funding source
- A consolidated profit and loss statement
- A balance sheets

The Finance Officer and Financial Consultant prepare the following reconciliation reports at the end of each month:

- Bank reconciliation statements
- Payroll reconciliation
- Profit and loss reconciliation statement
- Accounts receivable reconciliation statement

On direction of the Management Board the Finance Officer will prepare any financial accountability statements required by funding bodies. These will be prepared in consultation with the Executive President (CEO) and the Financial Consultant. These statements will include Quarterly Income and Expenditure Statements, including details of salary expenditure, to meet accountability requirements by funding bodies. These reports will be presented at Management Board meetings. Supporting documents will be filed with a copy of the quarterly report.

5.5 AUDIT

On direction from the Treasurer the Management Board will ask the Auditor, previously appointed at the General Meeting, to examine the records and statements of the organisation.

The Account and Finance officer will prepare and make ready any records and statements to be examined by the Auditor.

On receipt of the Auditor's Report, the Treasurer will present the report to the Management Board for approval. The Auditor's Report will be forwarded to relevant government departments in relation to specific funding and grants. The Auditor's Report will be presented to the next General Meeting for ratification.

5.6 INCOME AND EXPENDITURE

Income:

- All grants paid to the organisation must be identified.
- The Management Board has the responsibility for maintaining internal controls of all income from grants.
- The Management Board will oversee all procedures associated with income control. The Account and Finance Officer, in conjunction with the Executive President (CEO) and the financial officer, are responsible for implementing income control procedures.
- All income received is acknowledged by receipt to assist in the audit trail.
- Grant monies are directly deposited to the working cheque account unless the funding body makes other arrangements.
- All monies received are banked as soon as practicable after receipt.

Expenditure:

All expenditure (excluding those through the petty cash system) are authorised by the Executive President (CEO) in collaboration with the Finance Officer. Cheques are prepared by the Finance Officer and authorised by the Executive President (CEO).

The Executive President (CEO) is authorised to approve purchase expenditure within the budget approved by the Management Board. Expenditure on items not allocated a budget line item must be ratified by the Management Board, and where appropriate, approval from relevant government departments must be sought. The Finance Officer, and other staff where appropriate, should seek the most competitive price considering time costs.

The Finance Officer should confirm that funds are available in the cheque account when cheques for expenditure are prepared.

5.7 PAYMENT OF GOODS AND SERVICES

Payment of goods and services must only occur if the invoices agree with the original order and that receipt of goods has been certified. The Finance Officer will check that:

- The original order was correctly approved
- The invoice agrees with the original order

The Finance Officer will prepare cheques for signature. All cheques will be crossed "Not Negotiable" with the exception of petty cash and staff wages and reimbursements. Invoices will be attached to each prepared cheque. Each cheque must have a Cheque Payment Voucher attached to the invoice. This must be signed by the Executive President (CEO) before cheques are signed and it must be signed by the cheque signatories at the time of signing the cheque.

The Finance Officer will post the expenditure to the accounting system. The Finance Officer will file Cheque Payment Vouchers in the Expenditure Vouchers File in order of cheque number.

The Finance Officer will forward the cheque and any other appropriate documentation to the creditor.

5.8 PAYROLL

Payroll Expenditure:

Wage payments are made in accordance with wage scales and levels approved by the Management Board, the Social and Community Services Award and the organisation's policy on Remuneration Packages.

Wages are paid every fortnight, two weeks in arrears.

Wage levels of all staff are determined by the Management Board.

The Management Board, after negotiation with the employee, authorizes the wage level of each employee by completing an Employment Contract.

The Employment Contract is co-signed by the employee. A personnel file for the employee is created. Relevant documentation should be kept in the personnel files. Time sheets are prepared by the employee before submitting to the Executive President (CEO) for approval.

All records are to be stored and handled in a confidential manner.

The Officer Administrator will enter data onto the computerised wages system for each person using source documentation (time sheets).

Direct debit forms are prepared by the Finance Officer and the wages authorisation signed by two authorised signatories. Wages are directly debited into worker's accounts by the due pay day.

The Finance Officer will prepare pay advice slips showing composition of pay for all staff and forward them to employees on pay day.

The Finance Officer will prepare holiday pays in advance for staff to be ready prior to their commencement of leave. The Finance Officer will use approved leave forms and accrued leave record as source material in preparation of recreation pay. The recreation leave payments will be recorded as such on the accounting system and the 17.5% leave loading will be automatically included.

PAYG:

- Tax instalments must be deducted from all salary payments unless the employee has a notice to the contrary from the Tax Office.
- HECS payments will be included in the PAYG deductions from salary and wages if the employee notifies the Finance Officer of their HECS liability and authorises the deduction. Deductions are automatically calculated by the accounting package.
- Following the final salaries payment for any given month, the Finance Officer will prepare a payroll report to reflect the amount of PAYG liability to be included on the BAS.

Superannuation Payments:

- As an employer, the organisation is required to pay contributions to a superannuation fund on behalf of employees. AJESH is funded at government recommended rate to pay superannuation. The organisation will pay superannuation contributions into an existing fund of the employee's choice.
- Following the final salary payment each month, the Finance Officer will make payments to the relevant superannuation funds on behalf of employees for the appropriate amount of contribution for that period.
- The Finance Officer prepares the cheques accompanied by the appropriate documentation (Contribution Return Form).

Other Deductions from Wage Payments: _____

- Other deductions such as union fees will be deducted from all payments of salaries and wages if the employee notifies and requests the Finance Officer to authorise this deduction. Deductions must be made according to the relevant schedule of rates and forwarded to the relevant party by the due date.

Advance Travel Payments to Staff: _____

- While the policy of AJESH is only to make payments after goods and services have been supplied and conditions for payment met, advances will be made for staff who are going on leave or work related travel.
- Advances are paid to staff prior to an approved trip during which the costs of meals, accommodation and sundries occur at the specified rate outlined in the Travelling Allowance Policy. The advance paid is based on an estimated cost of the trip. The advance claim should be given to the Finance Officer for approval in collaboration with the Executive President (CEO), with enough notice to allow the claim to be processed and returned to the claimant before the trip occurs. Allowances are outlined in the Travel Allowance Policy.

Payroll Advances: _____

- The only payroll advances allowable are annual leave and leave loading. The Finance Officer must ensure that payroll advances do not exceed the net payroll due.

5.9 PETTY CASH SYSTEM

- This is an imprest system of cash control which is used for day-to-day expenditure of items up to XAF Francs 100 000, the system is set up with a fixed float, the amount is determined by the Management Board. Small expenditures are paid from this float. Unless otherwise delegated, the Cash Officer is responsible for the petty cash system. The system is reimbursed by the CEO as required.
A petty cash file is maintained by the Finance Officer.
Workers are able to access amounts of less than XAF FRANCS 100,000 from the Finance Officer.
- Workers will not access the petty cash without discussion with the Finance Officer, or in her absence, the Executive President (CEO).
The date and amount of petty cash taken must be recorded on the record sheet provided.
The Finance Officer will complete the details of the expenditure on the petty cash remittance sheet to which the receipts are stapled.
- When petty cash is reimbursed by cheque, the transaction is recorded in the accounting package allocating each item to the appropriate line item and including GST where applicable.
- If a staff member wishes to claim petty cash and has lost the receipt, the staff member must complete a signed declaration indicating the nature of the expenditure, the amount and the work-related purpose of the expenditure. If a staff member consistently loses receipts, restrictions will apply in regard to their access to petty cash.
- When the balance of the petty cash reaches a predetermined low level, the Finance Officer will reconcile the petty cash, ensuring that all receipts and vouchers are accounted for, and replace funds by drawing a cheque made out to petty cash.

5.10 PROJECT MANAGEMENT

All new projects developed by AJESH will adhere to the established protocols for project management.

Submissions will be developed in consultation with staff and management.

All submissions will be ratified by the Executive Director prior to submission.

Submissions will include an organisational auspice fee between 5-15% of total project budget. Administrative costs will also be charged.

When funded, the organisation will be responsible for the financial management and employment issues in the project.

The Project Manager will oversee the effective operation of the project.

Final acquittal of project funds and accountability requirements will be the responsibility of staff involved and the Executive President (CEO).

When it is determined that the funded project requires greater autonomy from the organisation (as the auspicating body) a MOU will be drawn up between the two parties detailing the rights and responsibilities of both parties.

**SECTION SIX:
ORGANISATIONAL REVIEW AND PLANNING**

- 6.1 Review and Planning
- 6.2 Policies and Procedures
- 6.3 Current Strategic Plan Copy

6.1 REVIEW AND PLANNING

AJESH is committed to ensuring that services are responsive to changing demands and needs. AJESH believes that in order to provide high quality services staff and Board need regular opportunities to reflect on the work undertaken and to plan for new eventualities given changing demands and contexts.

AJESH will undertake a yearly review and planning exercise in May / June each year. The organisational plan will cover the period from 1st July to 30th June each year. There will be four phases of the planning process.

Firstly, staff will meet to undertake a service delivery specific review and planning activity. This will be held in April each year and will involve an external facilitator (potentially the staff team supervisor). At this meeting, staff will review the previous plan and the achievements of the last year. As a follow on from this process, the staff group will develop key aims and objectives for service delivery in the previous year. Specific strategies may also be included in the plan at this stage. This plan is then presented to the Management Board for perusal prior to the next stage of the planning process.

Secondly, the staff and Management Board will meet together to undertake a broader organisational review and planning process. Again, this process will involve an external facilitator and will encompass both review and planning activities in order to develop a current plan for the whole of organisation for the following year. Specific strategies may be included at this stage of the process.

Thirdly, the strategic plan will become operationalised by the inclusion of specific strategies assigned to actual people to be completed within an agreed upon time frame. Whilst this operationalisation may occur as part of the first two stages, it may also become a distinct phase. This is a very important aspect of the planning process as it ensures that the organisational and service delivery plans are working documents that inform the actions of staff and Management Board over the coming year.

Fourthly, the operational plan will be used to assist workers and Management Board to develop individual work plans. These plans will be particularly important for staff as they are utilised in the performance planning process and become a tool for staff to report on their individual work achievements over the year.

All phases of the review and planning process should be documented and these notes made available on the central computer system.

6.2 POLICIES AND PROCEDURES

A comprehensive and up to date set of policies will be maintained.

Policy Development:

- All staff and management will monitor the need for developing new organisational policies.
- A policy will be developed when there is a legal obligation to fulfill, when an issue arises which is likely to recur, or to set a standard for an aspect of the functioning of the organisation.
- The Executive President (CEO) will draft the policy with input from other staff and Board Members if required.
- The policy will be drafted in a format consistent with the existing policy and procedure manual.
- The draft policy will be presented to staff for discussion and amendment.
- The draft policy will then proceed to management Board for discussion and ratification.

Policy Implementation

- All staff and Board members affected by the new policy will be provided with a copy of the policy and any training required.
- All existing forms will be adapted to meet with the new policy requirements.
- All policies will be placed in the policy and procedure manuals.
- The date on which the policy was adopted and subsequent review dates will be recorded at the top of each policy.
- Where policies are superseded, they will be removed from the Register and archived.
- The Policy Register will be available at each Board meeting.
- A small working party of staff and Board representatives will review the policy and procedure manual following each annual planning day.

6.3 CURRENT STRATEGIC PLAN

See attached.

SECTION SEVEN: ADMINISTRATION POLICIES

- 7.1 Office Procedures
 - 7.2 Insurance Policy
 - 7.3 Vehicle Policy
 - 7.4 Travelling Allowance Policy
 - 7.5 Archiving
 - 7.6 Information Technology
 - 7.7 Equipment
 - 7.8 Assets Register
 - 7.9 Library Policy
-

7.1 OFFICE PROCEDURES

Equipment:

- The Workplace Health and Safety Policy must be followed in the use of all equipment. Staff must be appropriately trained in the use of all equipment.
- Use of equipment is restricted to work purposes. Requests for personal use of equipment are made to the Executive President (CEO).
- Workers will reimburse the organisation for any costs incurred or any damage done to equipment during personal use.

Expenditure:

- Requests for expenditure must be approved by the Executive President (CEO) in consultation with the Finance Officer , prior to spending the money.
- Any expenditure over \$500.00 must be approved by the Management Board prior to spending the money.
- Any expenditure that does not correspond to a line item on the budget, must be approved by the Management Board .

Filing:

- The Finance Officer is responsible for maintaining the general filing system.
- Individual workers are responsible for maintaining their own filing cabinet.
- All filing cabinets are to be kept locked when not in use.

Keys:

- All employees shall have a set of keys to all doors and security doors for the premises. The keys are the responsibility of each worker. If keys are lost the Executive President (CEO) and Finance Officer must be notified immediately. If necessary, locks shall be changed and new keys issued to all workers. It is the responsibility of workers to cover the replacement cost of keys lost by them.
- The Finance Officer will keep a key register detailing who has received keys and when they have been returned.
- Worker's filing cabinets and the petty cash tin shall be locked when not in use and the keys shall be stored in an agreed upon location.
- Keys are not to be lent to any person other than employees and other persons approved by the Executive President (CEO).
- Spare keys to the vehicles will be kept in the key cupboard in the reception area.

Mail:

- The Finance Officer is responsible for collecting, opening and distributing mail.
- All general mail goes to the Executive President (CEO) first and is then circulated to other staff.
- Mail marked personal and confidential will be delivered unopened.

Office Cleaning:

- All staff will ensure the cleanliness of their own personal work spaces.
 - A professional cleaner will clean the office once a week.
 - Workers shall take responsibility for ensuring that dirty plates, cups and cutlery are washed on a daily basis.
 - Staff shall ensure that the garbage and recycling bins are placed on the footpath for emptying every week.
-

Opening Hours:

- The office hours are Monday to Friday 9.00 am to 5.00 pm. Counselling and group work may occur outside these hours.
 - The answering machine shall only be used in exceptional circumstances during working hours, for example, staff meetings, team supervision, etc. The answering machine will be cleared by the Finance Officer as soon as workers are available to take calls.
-

Petty Cash:

- All workers will access petty cash through the Finance Officer . Workers will ensure that they provide receipts and change for petty cash as soon as possible.
- Petty cash shall only be used for amounts under 100.000 FCFA. If greater amounts are required workers will notify the Finance Officer and a cheque will be written.

Stationary:

- The Finance Officer is responsible for maintaining adequate stationary supplies. Workers shall let the Finance Officer know of any stationary that they require.

Telephones:

- Whilst staff are able to make and receive private telephone calls, they are encouraged to be sensitive to the length and cost of these calls and the impact on the organisation.
- Workers needing to make private STD calls for longer than 5 minutes, shall notify the Finance Officer and arrange for payment upon receipt of the bill. All private international calls must be paid for and workers should discuss this with the Finance Officer before making the call.

7.2 INSURANCE POLICY

AJESH will comply with all legal requirements with respect to insurance. The type of insurance cover and level of insurance will be decided by the Management Board after consultation with the CEO and the Finance Officer and, if necessary, an insurance broker.

Insurance will include the following policies:

- Public liability
- Business (fire, perils, burglary, theft)
- Electronic equipment
- Board Chairmans and officers liability
- Professional indemnity

Students:

Staff supervising students should check that any students on placement are covered by their University, TAFE or school insurance policy whilst on placement. If not, appropriate cover must be arranged at the discretion of the Management Board .

Vehicles:

Organisational vehicles are covered by insurance for all drivers either through the lease arrangement with Qfleet or through the organisation's vehicle insurance policy (if the vehicle is owned by the organisation).

If workers intend to use their private vehicles for work use, these vehicles must be covered by comprehensive insurance. Staff using their own vehicles for organisational work, must complete the Confirmation of Comprehensive Vehicle Insurance Form. AJESH will not accept any responsibility for costs of repairs and other associated claims on worker's vehicles that are not comprehensively insured when used for work purposes. A maximum of \$500 per staff member will be paid in the event of an accident to cover excess incurred in a claim for an accident involving a worker's personal vehicle, used for business purposes. The worker may approach the Management Board to initiate further negotiations in the event that additional claims are sought.

CONFIRMATION OF COMPREHENSIVE VEHICLE INSURANCE FORM

Dear

Re: Comprehensive Motor Vehicle Policy Number:

Ms [NAME] of [ADDRESS] has recently been employed as [POSITION] at the Domestic Violence Regional Service (Ipswich and Surrounds) Inc.. Ms [NAME] has a comprehensive vehicle insurance policy with your company.

At times this vehicle may be required as part of her work to drive target groups of this service to and from appointments, or to attend meetings or other functions. In order to enable our workers to use their own vehicles they will be reimbursed a kilometre allowance.

As most policies exclude cover to persons using their private vehicles for the conveyance of passengers for hire, fare or reward, would you please advise us in writing whether your company is willing to accept that the kilometre allowance reimbursed to workers here does not constitute hire, fare or reward and that therefore, the policy exclusion will not apply to claims by our workers.

Could you please state the position of your policy with reference to damage to other vehicles and property.

Yours sincerely,

[NAME]
CEO.

7.3 VEHICLE POLICY

Use of Organisation's Vehicles:

AJESH provides 1 vehicles and 5 Yamaha motor bikes for work related use. These may be used by paid employees, volunteers, students on placements and members of the Management Board .

These may not be used for personal use under any circumstances as this is in contravention of our lease arrangement with AJESH. Workers may garage these vehicles at their homes; this is not considered to be personal use by AJESH Workers are required to clearly indicate in the vehicle log book where they have used the vehicle for work purposes (and detail the nature and duration of the trip) and when it has been used for garaging. Only nominated drivers may drive these vehicles. The CEO must approve anyone (other than staff, students, volunteers and members of the Management Board) who wish to drive the vehicles or ride the bikes.

One vehicle is provided for the business and personal use of the CEO and whilst other workers may use this vehicle when it is available, the CEO has primary use of this vehicle. This is the only vehicle that may be used for personal use. In relation to personal use, the CEO may appoint any other person to drive this vehicle as long as they comply with the standard conditions (current driver's license, adhering to road rules etc.).

It is the organisation's responsibility to inform workers of the fringe benefit implications of private use of work vehicles. Whilst the organisation must indicate these implications, it is the responsibility of all workers to obtain their own information and advice about this issue prior to accepting the associated fringe benefits.

In order to use the organisational vehicles, workers must have a current open or provisional driver's license.

Payment of traffic and parking infringement fines are the responsibility of individual drivers and not the organisation. Workers must ensure that they are complying with all traffic and safety regulations.

In the case of an accident relevant procedures must be followed in accordance with the AJESH manual contained in the glove box of the vehicle. It is essential that all drivers have consulted the manual prior to driving the vehicle.

The insurance excess on the vehicle will be paid by the organisation in the event of an accident.

All drivers are responsible for the general care and upkeep of the vehicles. Workers who are garaging vehicles also have responsibility for cleaning the exterior and interior of the vehicles in a safe washing point.

Use of Worker's Vehicles:

All workers will endeavour to utilise an organisational vehicle before using their own vehicle for work purposes. Where an employee has no other option but to use their own vehicle for organisational work, the employee is to receive a vehicle allowance in accordance with the internal regulations for use of external cars.

Privately owned motor vehicles must be roadworthy and comprehensively insured.

Claims for reimbursement of travel costs and parking will be paid on the presentation and approval of a monthly Mileage Allowance Claim Form.

Employees travelling from home to work or vice versa who undertake a work related task as part of this journey may claim the mileage travelled.

Where an employee is called on duty at a time other than their normal hours or on any non-working day, they shall be reimbursed fares, including taxi fare if necessary.

If using their own vehicle to travel between their home and place of work they shall receive the motor vehicle allowance.

In the case of an employee being involved in an accident in their own car while in official business the Management Board will enter into individual negotiations with the staff person in order to discuss appropriate compensation for the additional costs involved in having repairs undertaken, compensation for loss of no claim bonus, and reimbursement to the employee of travel costs to and from work during the period in which the employee is without their vehicle.

7.4 TRAVELLING ALLOWANCE POLICY

Travelling allowance is an allowance paid to employees required to travel on behalf of the organisation in relation to the performance of their duties.

The employee will be reimbursed for all reasonable expenses according to approved budget of the activity as varied from time to time and from project to project.

Where an absence from the organisation on official business extends at least 12 hours but not overnight, a worker shall be entitled to be paid the following allowance for expenses incurred in purchasing meals – 25 000 FCFA (not including breakfast).

Where an absence from the organisation is less than 12 hours no allowance is payable except if the worker is required to purchase an expensive meal/s as an integral part of travel.

Where a worker's absence extends overnight the following maximum allowance shall be paid:

- Meals:Breakfast – FCFA 5 000
Lunch – FCFA 7 000
Dinner – FCFA 13 000
- AccommodationCapital cities – FCFA 58 200
Other locations – FCFA 36 000 per night

Receipts must be kept for all expenditure and allowance money unspent must be reimbursed to the organisation on the worker's return. The organisation will pay for all official telephone calls, faxes and postage expenses incurred upon the provision of documentary evidence.

7.5 ARCHIVING

All financial, legal and client files will be kept by the organisation for at least 5 years.

All funding submissions and agreements, Annual Reports, reports to funding bodies and management Board , management Board minutes, and a copy of all materials published by the organisation will be kept indefinitely in the archives.

All files that are not required to be kept shall be destroyed.

- In order to maximise space and efficiency, financial, legal and client files that are required to be kept for at least 5 years, as well as all files requiring permanent storage, shall be archived and transferred to the archive.
- Archiving is the responsibility of the Executive President (CEO).
- Transfer of archived files to the archive is the responsibility of the Finance Officer .
- In order to ensure that archived files are easily traced, field staff should ensure that:
 - all files sent to archive are sent in archive boxes;
 - an Archive Contents Form must be completed and securely taped/glued to the top of the archive box;
 - a copy of the completed Form is forwarded to administration for central filing.

7.6 INFORMATION TECHNOLOGY

- The Finance Officer will ensure that all computer files are automatically backed up each day. Workers will ensure that all computer files are saved on the network rather than specific worker's computers or the lap top.
- All workers will enter all appointments into their computer diary. All staff may view other worker's computer diaries but will be unable to make additions or changes to anyone else's diaries. The Finance Officer is the only other person authorised to make changes to a worker's computer diary.
- All workers will enter their hours worked onto a computer time sheet. This will be printed out, signed and handed to the Finance Officer at the end of the pay period.
- A combined vehicle diary is available on the computer and this must be used for all car bookings.

7.7 EQUIPMENT POLICY

All equipment owned by the organisation must appear in the asset register (see Asset Register Policy).

On the commencement of employment, all staff will be trained in the proper use of all organisational equipment including the photocopier, computers, fax machine, and all other office equipment.

All equipment maintenance is to be coordinated by the Administrative and Finance Officer. Workers should under no circumstances attempt to repair damaged equipment. Any equipment faults must be reported to the Finance Officer who will then organise a qualified person to repair the equipment.

In the event that a piece of equipment cannot be successfully repaired, the matter will be referred to the CEO to decide on replacement arrangements and report to the Management Board .

7.8 ASSETS REGISTER

An asset register recording a description of all goods owned by the service will be maintained by the Administrative and Finance Officer. This register will include a description of the goods, the date of purchase, the cost of each item and depreciation. All capital items and equipment purchased by the organisation will be recorded on this register.

7.9 LIBRARY POLICY

AJESH is committed to providing library services to people in the community, other workers, students and members of the general public.

Additional books and resources will be regularly obtain in order to build on and update the library. The staff group will make regular recommendations regarding the purchase of new resources. These decisions are made in consultation with all staff, target groups and workers accessing the service. Grants and donations will be regularly sought from a range of sources.

To ensure that resources remain in the library, the following procedures and practice apply to people borrowing from the library:

- Each person who uses the library becomes a registered library user by completing a Library Registration Form. These forms are handed to the Finance Officer who files them centrally. Each borrower receives a copy of the Library Borrowing Instructions.
- A limit of 3 resources can be borrowed at any one time.
- Resources can be borrowed for 4 weeks at a time
- First reminder notices are sent out by the Finance Officer when books are more than two weeks overdue; Second reminder notices are sent when books are more than six weeks overdue;
If the borrower does not return the resources or contact the organisation within three months of borrowing the resources they will be sent a replacement notice detailing the costs involved in reimbursing the organisation for the resources.

The Library Borrowing Instructions will be displayed in the library area.

Maintenance of the library is the responsibility of the Projects Officer. This involves processing new books, checking books in, sending reminder notices, tidying the library area.

**SECTION EIGHT:
SERVICE DELIVERY POLICIES**

- 8.1 Practice Principles
- 8.2 Confidentiality
- 8.3 Duty of Care
- 8.4 Access and Equity
- 8.5 Rights of Service Users
- 8.6 Use of Interpreters
- 8.7 Statistics
- 8.8 Case Notes and Files
- 8.9 Feedback and Evaluation
- 8.10 Other service specific policies to be added here

8.1 PRACTICE PRINCIPLES AND PHILOSOPHY

PRACTICE PRINCIPLES

- We obey the Law and do not compromise moral or ethical principles – ever!
- We expect to be measured by what we do, as well as what we say.
- We treat everyone with respect and appreciate individual differences.
- We carefully consider the impact of business decisions on our people and we recognise exceptional contributions.
- We are strategically focus in the pursuit of excellence, encouraging original thought and its application and willing to take risk based on sound business judgment.
- We are committed to forging public and private partnerships that combine diverse strengths, skills and resources.

PHILOSOPHY

- Change small things first.
- Change myself first.
- Encourage Ownership
- Leadership development
- Movement and community
- Inside-out, bottom-up
- Love others
- Share with others
- Do not give up
- Love oneself

8.2 CONFIDENTIALITY

AJESH respects the rights of all target groups accessing the service to confidentiality and privacy of information and to the right to remain anonymous if they choose.

The confidentiality policy will be displayed in a public place in the service and made available to all target groups. For target groups engaging in counselling, the confidentiality policy will be explained to them in the first counselling session.

Information provided to workers by target groups will not be shared with any other party without the written approval of the client, unless to not share this information would constitute a breach of the worker's duty of care.

For any identifying information to be shared with another party, one or more of the following must apply:

- The client has given their permission in writing for workers to release information to another party.
- The Consent to Release Information, form must be filled out.
- Workers need to share information with other employees of the service for a specific purpose, on a need to know basis.
- Workers are subpoenaed to court and required to testify and/or to produce case files.
- There is a duty of care to release information. Such duty of care may include concerns for the safety of a child, concern for the safety of another person, concern for the safety of the client.

Workers at the organisation will not provide information about any client attending the service when requested from another person, including service providers, unless the client has consented in writing to this information being made available. This includes phone calls from people asking if this person is a client of the service. Workers will neither confirm nor deny knowledge of any client but will explain that they are not at liberty to release that information.

Workers will only share non-identifying information in a public forum with the permission of the client. This means that workers are able to share non-identifying information with other colleagues and for supervision purposes without the client's permissions, but that case examples which are used for training purposes must either be with the client's permission or presented in such a way that they include a variety of stories from different target groups and are therefore unidentifiable.

Reception staff will ensure that any telephone calls of a confidential manner are diverted to a phone in a private area of the building. Other people approaching the reception desk should not be able to see the names and appointment times of target groups.

Within groups run by the service, the group facilitator is responsible for discussing with all women what information is to be confidential to the group and to ensure that all disclosures by participants or facilitators are regarded as confidential.

If a client of the service has concern about their confidentiality these concerns can be addressed through mechanisms established in the Complaints Policy (refer to policy for specific details).

8.3 DUTY OF CARE

AJESH recognises the professional responsibilities of workers employed in this organisation. This professional responsibility includes providing high quality, ethical services and ensuring the safety and well being of all target groups who use the service, and of the community in general.

A summary of the Duty of Care Policy will be available in a public place within the organisation and for target groups involved in counselling at the service, the worker will explain this policy in the first counselling session. All target groups will be informed that exceptions to the confidentiality policy apply in relation to workers professional duty of care as outlined in this policy.

Self Harm:

Self harm is often a way that target groups use to cope with and express the emotions surrounding difficult or traumatic experiences in their lives. Self harming can include a range of behaviours characterised by the intention to cause physical harm, pain or damage. These behaviours may include: cutting, burning, scratching, ingesting, inserting, hitting, poisoning, eating issues.

In the instance where a client shares with a worker that they have engaged in self harming behaviours the worker will explore with the client the steps taken to attend to the physical injury and encourage them to access additional medical support if required. Importantly, the worker will also explore the underlying reasons which gave rise to this behaviour and alternative strategies for coping in future instances.

When a client has self harmed the worker will attempt to ascertain the severity of the injury or physical damage, that is, if there is a risk of health impacts if the injury is left unattended. If the severity of the injury is apparent and obvious to the worker, medical intervention may be sought.

If the worker is unclear about the nature or severity of the physical damage, they will contact an emergency medical centre / hospital to seek advice. In the case of any misuse of medication the Poison Information Service must be contacted for advice.

If it is determined that the physical injury is not severe the worker will still encourage and support the woman to receive appropriate medical intervention.

If it is determined that the physical injury or damage is severe and the client is present with the worker, the worker will remind the client that her duty of care as a professional worker stipulates that she must ensure that the client receives medical attention. This will be achieved by the worker contacting the Ambulance Service. If the woman has a serious objection to the involvement of an Ambulance, another form of transport may be arranged. However, it is not acceptable for workers to use their own personal vehicles in this situation.

If it is determined that the physical injury or damage is severe and the client is not present at the service, the process will proceed as above with the following notes:

After explaining the Duty of Care responsibilities the worker will attempt to determine the client's location and whether any support people are present; the worker will negotiate for an ambulance to attend. If the client refuses to receive medical

intervention, the worker will again explain the duty of care responsibilities and proceed to call an ambulance.

Workers will ensure that all relevant discussions are documented in case notes. Workers will inform the CEO at the earliest opportunity.

Suicide / Suicidal Intentions:

AJESH recognises that many suicidal intentions are the result of a person's attempt to deal in some way with the enormity of their life experiences. Under these circumstances, while this service does not support a person taking their own lives, the service would respect a person's right to have control over all decisions in their lives. In these instances, the worker will express a deep concern about the situation and undertake some of the following options with the client:

- Explore the events which have led up to the situation;
- Develop a list of crisis supports and explore other support options;
- Encourage the client to identify and explore other less destructive ways of dealing with her emotions;
- Negotiate specific ways to ensure the client's immediate safety for example, contracting for the client to contact the worker or other support agency prior to taking any action;
- All of these options are explored and a contract is negotiated.

In the event that a person's attempt at suicide results in harm to them, the self harm policy and procedure will apply.

Workers will ensure that all relevant discussions are documented in case notes.

Workers will inform the CEO and / or another direct worker within the organisation at the earliest opportunity.

Harm to Others:

If a client informs a worker that they have an intention to harm another person, the worker will attempt to gain more information to ascertain whether or not the statement was meant as a threat or an intention to do harm. If it is clear to the worker that the client intends to harm the other person the worker will inform them that her professional duty of care responsibilities requires her to notify the relevant authorities (i.e. Police Service) immediately.

Workers will ensure that all relevant discussions are documented in case notes.

Workers will inform the CEO and / or another direct worker within the organisation at the earliest opportunity.

Harm to Children:

If a client informs a worker that they have an intention to harm a child, the worker will attempt to gain more information to ascertain whether or not the statement was meant as a threat or an intention to do harm. If it is clear to the worker that the client intends to harm the child the worker will inform them that her professional duty of care responsibilities requires her to notify the relevant authorities (i.e. Police Service, Department of Families) immediately.

If a client informs a worker that they have seriously or repeatedly harmed a child, the worker will inform the client that her professional duty of care responsibilities require her to immediately notify the relevant authorities (i.e. Police Service, Department of Families).

If a client informs a worker that they have knowledge that a/their child has been or is currently being harmed by another person, the worker will encourage her to notify the relevant authorities. The worker will not initiate notification unless she has direct knowledge of the harm.

If a worker becomes aware of a child or young person who she believes has been or is at risk of being subjected to serious harm, the worker will discuss her concerns with the mother unless the worker believes that this would place the child at further risk. The worker will also discuss her concerns with the CEO or the Senior Worker at the earliest opportunity. All child protection decisions will be made on a case-by-case basis utilising the principles outlined in the Practice Principles policy.

In the case where the CEO and relevant worker believe there is a possibility of harm to a child they will consider the following issues as part of the decision making process regarding notification to the Department of Families.

What is the level of risk to the child / children?

What are the implications for the child / children?

How is the abuse impacting on the child / children?

Relevant family history.

Ability of perpetrator to maintain control of their behaviour.

Possible support networks which could be linked with the family to ensure ongoing safety of child / children.

What has already been provided to assist the family?

Seriousness with which the family regards the abuse / allegations of abuse.

In the case of children witnessing domestic violence, AJESH believes this to be a serious form of emotional abuse which has a detrimental long term impact on children. The following issues will be considered:

Has the exposure been ongoing and if so over what time period?

Is the exposure likely to continue?

What is the risk of the child being physically harmed as a result of the violence?

What are the observable effects on the children?

What are the parent's views about the children's exposure to the violence?

If notification is to proceed, the most relevant worker will contact the Department of Families. Prior to contacting the Department of Families the relevant worker will attempt to contact the parent of the child / children to inform them of the decision of the service. The exception to this policy is if the worker/s believe that informing the parent may place the child at greater risk of abuse.

Child abuse notifications are made to the Department of Families on the following numbers:

The Department of Families will only accept notifications in the case of intrafamilial abuse, including non-relatives who are living in the same household. Abuse that occurs outside the family is a police matter and the Divisional Delegation of Social Affairs should be contacted.

Workers will ensure that all relevant discussions are documented in case notes.

Workers will inform another direct worker within the organisation at the earliest opportunity.

8.4 ACCESS AND EQUITY

AJESH aims to provide equitable access to all members of the target groups.

To ensure access is equitable the following will have to be taken into account in relation to all services to ensure that the organisation does not discriminate on the grounds of gender, race, religion, sexuality, ethnicity, disability or age:

- Ensure appropriate promotion of services
- Ensure physical accessibility of locations and premises
- Ensure suitable operational hours
- Encourage representation on the Board and recruitment selection panels to reflect the diversity of the community
- Provide services that are respectful of and sensitive to cultural values
- Provide information in a manner that is understood and readily comprehended
- Where fees are charged for resources, ensure they are affordable
- Ensure that the Staff and Board are aware of the demographic mix of its client group
- Actively assist target groups to exercise their rights in terms of access and equity.

8.4 RIGHTS OF SERVICE USERS

All target groups of AJESH have the right to access safe, supportive and respectful services regardless of their cultural background, age, sexuality, or religious status.

Workers at this service will ensure that they have knowledge of the barriers to service delivery for target groups traditionally marginalised in our society and that their practice is inclusive and responsive.

AJESH respects the rights of target groups to:

Be treated with respect and dignity in all situations

Receive high quality services from professional staff

Be assured of the confidentiality of the service, within legal and ethical boundaries

Remain anonymous and not provide name and contact details if they chose

Receive the services of an interpreter when appropriate notice is provided

To be provided with the name, qualification and professional status of the professional worker you are seeing

To be offered an appointment time that is convenient to you and the worker

To be involved in and responsible for your own decisions and to receive encouragement from workers to do this

To have access to accurate and concise information

To access your client file and retain it at the completion of your involvement at the service

To complain to the CEO or Management Board of the service about any concern or grievance and to have your complaint dealt with fairly, promptly and confidentially.

8.5 USE OF INTERPRETERS

AJESH respects the rights of all people to have their communication needs met. It is the responsibility of the service to ensure that effective communication occurs between target groups and workers.

Interpreters may be required in a range of situations including:

English as a second language where the person does not speak, read, write or understand English effectively

Visual / visual perceptual impairment

Hearing impairment

Speech or language difficulties

Intellectual disability.

The service is committed to the use of accredited interpreters and will only utilise the services of bi-lingual staff or friends and relatives of the client in emergency situations.

All direct client workers will undertake training in working with interpreters when available. In any interaction involving an interpreter the worker will address the client directly. All workers should acquaint themselves with the use of the speaker phones and conference calls.

Workers at this service will assess the need for a translator and indicate this on any client files.

8.6 DATA COLLECTION / STATISTICS

All contacts made and received by workers at the service will be recorded in the statistics of the organisation.

Identifying information must not be included on any statistics forms.

8.7 CASE NOTES AND FILES

Case files will be maintained for target groups who access the service.

There are several reasons for the service to maintain case files:

- To allow all workers in the service to access information about a client in the event of a crisis;
- To inform the worker's preparation for each counselling session;
- To provide an ongoing record of the work undertaken at the service by the client so that they might review this should they chose;
- To ensure that handover of target groups from one worker to another is smooth and efficient;
- If the client wishes information from her case file to be used to inform her court process or the preparation of court reports;
- In the event that records are requested or subpoenaed for court;
- As a part of the accountability of professional services provided by staff.

Workers will explain the purpose and uses of case files to the client and will give them the option to not keep case notes if they request. In the event that a client does not wish case notes to be kept they will be asked to sign an authority to this effect.

Case files may be kept in a variety of forms including use of full name, first name only, no name, etc.; these options will be discussed with the client on the first counselling visit.

When the relationship with a client moves from one of crisis response to an ongoing support relationship, the client will be informed of the service's policy regarding case files.

Whilst case files must remain at the service while a client is accessing the service, these files are the property of the client. They will be available for target groups to read or to remove from the service on a short term basis. This decision will be made in consultation with the worker involved. At the completion of contact with the service, the client will have the option of removing the case file from the service. The worker will discuss a range of options with the client and will explore the implications of these options. Case files will not be read by any other person without written consent from the client (refer to Consent to Release Information form), unless files are subpoenaed by the court. Within the service, workers will only refer to a client's file on a need to know basis. Refer to the Confidentiality Policy.

Each case file will have a client cover sheet at the beginning with general client information. This is to be followed by the non-identifying client statistics sheet and then general intake information and client notes on subsequent pages.

Counselling target groups are to be informed of the existence of client files and their purpose and content. Client case notes are to be completed by the worker after each session with a client and then placed on the client file. The worker should provide a factual account of the discussion during the session without judgement or assessment. All case notes are to be hand written. Computer case notes are not to be made by workers in any instance. All client files must be kept in a filing cabinet in the counsellor's room. This cabinet should be kept locked at all times.

When a client no longer accesses the service they will be given the option of taking their case file with them, leaving it at the service, or destroying it. In the event that the client removes her file from the service she will be asked to fill out a form stating this.

If contact is ceased without warning, or where a client has only made short-term contact with the service, the case file will be kept in a secure filing cabinet in the service for 12 months before being added to the service archives.

8.13 SERVICE DELIVERY FEEDBACK AND EVALUATION

AJESH is committed to ensuring that services provided are of a high standard and are meeting the needs of [target groups] who use the service.

The following strategies will be employed to gain feedback from target groups:

- An anonymous feedback box will be placed in the waiting room of the service and paper and pens provided.
- In counselling, workers will informally discuss the progress of counselling with target groups on a regular basis.
- Workers will regularly evaluate their counselling work by asking [community groups] to fill out anonymous client evaluation forms at the commencement of counselling, at 3 months intervals and at the conclusion of counselling. The initial counselling evaluation form will be handed directly to the counsellor and used as a tool for establishing the nature of the counselling process. All other forms will be placed in the general feedback box and collected on a six monthly basis by the Finance Officer and then distributed to specific workers. Workers will be differentiated by the colour of paper on which the forms are printed.
Whilst these forms will not be used by the service for employment related matters, workers will be encouraged to share the themes of this feedback with their supervisors and the CEO if appropriate. (See attached for outline of feedback forms.)
- Evaluations will also be undertaken when [organisation] runs groups for target groups, runs community education or training.
- At regular intervals the organisation will seek feedback from external service providers about the effectiveness of the services provided. This feedback will be initiated at the discretion of the CEO and Management Board .

DRAFT

INITIAL COUNSELLING EVALUATION

The purpose of this evaluation form is to ensure that we are responsive to your needs, ensure accountability and to help improve the services we are able to offer. The information you have provided is confidential and anonymous and will be used only in non-identifying ways.

1. how did you find out about the service?
2. have you accessed other services offered at [organisation]?
3. have you accessed other support services in relation to [issue]?
4. what are your expectations or hopes for counselling?
5. are there any other services that [organisation] could provide that would assist you?
6. any other comments or suggestions?

COUNSELLING EVALUATION – 3 MONTHLY

The purpose of this evaluation form is to ensure that we are responsive to your needs, ensure accountability and to help improve the services we are able to offer. The information you have provided is confidential and anonymous and will be used only in non-identifying ways.

1. how would you describe your experience of counselling at [organisation]?
2. how long have you been accessing counselling at [organisation]?
3. is counselling helping you to cope with issues in your life? If so, in what ways?
4. what are the three things that you have found most helpful about counselling at [organisation]?
5. what are the three things that you have found least helpful about counselling at [organisation]?
6. please comment on what you appreciate most about the counsellor you see at [organisation]?
7. what, if any, changes would you like your counsellor to make?
8. is counselling currently meeting your expectations and hopes for counselling? If yes, in what ways. If no, in what ways.
9. have you or are you accessing other supports whilst coming to [organisation]?
10. any other comments or suggestions?

FINAL COUNSELLING EVALUATION

The purpose of this evaluation form is to ensure that we are responsive to your needs, ensure accountability and to help improve the services we are able to offer. The information you have provided is confidential and anonymous and will be used only in non-identifying ways.

1. how would you describe your experience of having counselling at [organisation]?
2. how long have you been accessing counselling at [organisation]?
3. have you accessed any other services provided by [organisation]?
4. how well has counselling assisted you in coping with the issues in your life?
4. have your experiences and hopes for counselling been achieved? if yes, in what ways/.
5. If no, why.
6. what are the three things that you have found most useful about counselling at [organisation]?
7. what are the three things that you have found least helpful about counselling at [organisation]?
8. please comment on what you have appreciated most about the counsellor you saw for counselling.
9. what is any changes would you have like your counsellor to make?
10. have you accessed any other supports whilst coming to [organisation]?
11. why have you decided to finish counselling at [organisation] at this time?
12. any other comments or suggestions?

**SECTION NINE:
NETWORKING, COMMUNITY AND SECTOR
RELATIONS**

- 9.1 Peak Bodies
- 9.2 Networking
- 9.3 Community Education
- 9.4 Media and Promotions

9.1 PEAK BODIES

AJESH recognises the importance of membership to relevant peak bodies and encourages staff to participate in sector activities as a way of furthering the work of the organisation.

1. Annual subscriptions for membership of peak bodies will be included in the budget.
2. Representation at peak bodies will be allocated to staff by the Board Chairman based on interest and availability.
3. Details of the activities of these groups will be shared with staff at staff meetings.
4. Minutes of the meetings will be available for all staff to peruse.

9.2 NETWORKING

Networking among relevant local agencies and government departments is essential for the on-going effectiveness of the service. In addition this can lead to identifying changing needs and demands to which the organisation can respond.

Networking also plays an important role in improving the access of target groups to services. Therefore, it is important to develop good working relationships with workers in other agencies. Networking is a key component of the service and is central to its goals and objectives.

PROCEDURES

1. Where the organisation has developed protocols with other agencies – the relevant procedures apply.

2. To develop good working relationships with other agencies with other workers, the following considerations are necessary:
 - Use good referral practices
 - Follow up relevant parts of shared planned support/case work
 - Provide reciprocal assistance for other agency workers where appropriate
 - Provide support to other workers.
 - Be consistent in dealings with other workers. It is important that good practice is not affected when busy

3. Workers may negotiate to become members of other incorporated management Board s. The following guidelines apply:
 - Permission is to be sought from the Board Chairman before accepting a position on a management Board
 - Relevance of organisation to the work of this service is to be considered
 - Workload required
 - Potential conflict of interest.

4. The organisation will participate in research, consultations and needs analysis either separately or with other services to best meet the needs of the community.

5. Staff will participate at interagency meetings as agreed upon at staff meetings or as requested by the Board Chairman.

9.3 COMMUNITY EDUCATION

Workers at AJESH are available to provide community education on the core business of the service and related issues for community groups, schools and other interested groups of people. This role is consistent with the lead agency role that the service plays in the community.

In general, requests for community education will be presented to staff at team meetings and will be discussed on a case-by-case basis. Approximately one day per week of the staff teams' time is to be allocated for the preparation and delivery of community education and training. Decisions to undertake community education will be based on current workload.

All community education undertaken at the service will be documented and placed in the workers' resources collection so that other workers might access the variety of programs developed by the service.

1. Requests for community education will be presented to staff at team meetings and will be discussed on a case-by-case basis.
2. Approval for community education activities must be gained from the Board Chairman.
3. Decisions to undertake community education will be based on:
 - a. Current workload.
 - b. Nature of the request
 - c. Purpose of the request
 - d. Likely outcome of attending
 - e. Who is available to attend
 - f. Who is appropriate to attend
4. All community education undertaken at the service will be documented and placed in the workers' resources collection so that other workers might access the variety of programs developed by the service.

9.4 MEDIA AND PROMOTIONS

AJESH acknowledges the importance of cultivating cooperative and pro-active relationships with all forms of media for a variety of reasons including-

- It helps to enhance the services' role as an advocate
- It assists in raising the profile of the organisation.
- It gives staff a chance to express their views on relevant issues.

1. Proactive use of media:

- a. The Management Board before printing will approve brochures or similar advertising.
- b. The Chairperson will be notified of any press releases before they are forwarded to the media outlet.
- c. Paid advertising will be approved at a Management Board Meeting.

2. Reactive Use of Media:

- a. The Executive President (CEO) will use discretion when determining whether to respond to requests for statements or interviews.

3. In any contact with the media the Executive President (CEO) should ensure that it is kept positive and focused at all times.

4. In the event that other services and individuals are to be discussed respect is to be maintained at all times.

5. Any promotional material and press releases will acknowledge the funding body.

6. Media Requests:

- a. All requests for interview should be brought to the attention of the Board Chairman.
- b. If the Board Chairman has not been available for a period of time and the matter is urgent, media inquiries must be forwarded to the president of the management Board .

7. Media Releases:

- a. All media releases must first be approved by the Board Chairman.
- b. Once approval is given, it is expected that the worker/s responsible for its content include it as a topic for discussion at the next staff meeting.

8. Letters to the editor:

- a. When writing a letter to the editor, staff members wishing to identify themselves as a employee must obtain approval from the Board Chairman and the executive of the management Board prior to its submission for publication.

9. Lobbying:

a. Before the creation of a political lobbying campaign, approval must first be obtained from the Board Chairman who will, in turn, raise the matter with the executive of the management Board .

10. Advertising:

a. Advertising in local publications or magazines may prove beneficial and will be considered by the Board Chairman with respect to current budgetary capabilities.

SECTION TEN: STAFFING

- 10.1 Code of Conduct
- 10.2 Job Descriptions
- 10.3 Employment Contracts
- 10.4 Staff Reporting and Accountability
- 10.5 Recruitment and Selection
- 10.6 Staff Induction
- 10.7 Probation
- 10.8 Staff Meetings
- 10.9 Supervision and Support
- 10.10 Staff Development
- 10.11 Hours of Work
- 10.12 Performance Appraisals
- 10.13 Staff Exit Procedures
- 10.14 Student Placements
- 10.15 Volunteers

10.1 CODE OF CONDUCT

10.1.1 OVERVIEW AND GUIDING PRINCIPLES

This Code of Conduct outlines general standards of work performance and ethical conduct expected of all employees based on the following guiding principles:

Employees should perform their duties with professionalism and integrity, and effectively and efficiently work for the organisation;

Fairness and equity should be observed by employees in all official dealings, including with target groups and other service employees;

Real or apparent conflicts of interest should be avoided. However, employees should be not subjected to unnecessary restrictions on their private activities purely as a result of their employment with the service, where such activities do not involve a conflict of interest or adversely affect their work performance.

Employees should:

Familiarise themselves with this document

Indicate their acceptance to work in accordance with this document by signing the agreement at the end

And ensure that its provisions are observed.

Failure to comply with the provisions of this document may be grounds for disciplinary action.

10.1.2 PERFORMANCE OF DUTIES

Employees should:

Commit themselves to the efficient and effective achievement of the service's aims and objectives

Adhere to the highest standards of professional competence, integrity and honesty

Provide conscientious, effective, efficient and courteous service to all those with whom they have dealings

Be guided by principles of fairness and equity.

10.1.2.1 Conduct towards other service employees

Employees should:

Treat other employees with respect and dignity

Not mistreat other employees or distract them from carrying out their duties

Not engage in any form of intimidation or harassment, including sexual, racial harassment

Ensure the confidentiality of matters of a personal nature relating to employees

Not allow personal relationships, both inside and outside the working environment, to adversely affect their work performance or that of other employees.

10.1.2.2 Standard of dress

Employees should:

Conform to clean, tidy and modest standards of dress appropriate to the working environment and diverse cultural community within which the service is located.

10.1.2.3 Use of alcohol and drugs

Employees should not:

At any time, allow the consumption of alcohol or restricted or dangerous drugs to adversely affect their work performance or official conduct Consume alcohol while on duty except where related to the employee's official duties and subject to the CEO's approval and conditions

10.1.2.4 Use of official resources

Centre facilities and other physical resources should be used for their proper purpose and provided with due care and maintenance.

Any personal use of the organisation's resources requires the approval of the CEO.

10.1.2.5 Lawful directions

Employees should follow any lawful direction given:

By the CEO

In the absence of the CEO, by the Finance Officer or a member of the Management Board .

Where on reasonable grounds an employee believes that a direction is improper, illegal or against the philosophy, aim and objective of the service, they:

Should refer the grounds for objection to the CEO or the person responsible for the direction

Where instructed to proceed as originally directed, and if the employee continues to consider the direction improper, illegal or inappropriate may refer the objection to the Management Board and should confirm the objection in writing at the earliest opportunity.

10.1.3 HANDLING OF CONFLICTS OF INTEREST

General procedures:

In the course of their duties, employees should not give preference to any person, organisation or interest (whether pecuniary, commercial, political, religious, or other) as a result of any private association with that person, organisation or interest.

Immediately on becoming aware that a conflict between private interests and official duty, whether real or apparent, has arisen or is likely to arise, employees should disclose such details to the CEO (or Chairperson in the case of the CEO).

Employees engaged in regulatory, inspectorial, personnel selection or other discretionary functions when dealing with relatives, close friends or business acquaintances should automatically make such

On receipt of a disclosure from an employee the CEO / Chairperson will determine the extent of any conflict of interest and direct the action required to resolve the conflict. Failure to comply with such direction may make the employee liable to disciplinary action.

At any time, an employee who is unsure whether a conflict of interest exists with official duties should seek a direction from the CEO / Chairperson.

Acceptance of benefits. Employees should:

As a general principle, not solicit or receive any benefit (other than provided for as part of their terms and conditions of employment) in respect of services performed, whether during working hours or not, in connection with their duties

Avoid situations in which the acceptance of a benefit or potential benefit could give even the appearance of a conflict of interest with their official duties.

10.1.2 OFFICIAL INFORMATION AND PUBLIC COMMENT

10.1.3.1 Use of official information

Service information should not be used by employees to improperly gain advantage for themselves or for another person or organisation.

Unless approved by the CEO employees presenting material at meetings or lectures sponsored by other individuals or organisations should not accept fees where:

- Employees utilise a skill, knowledge or information derived directly from their employment with the service rather than a professional / specialist skill
- Meetings / lectures are supported by the service and conducted during normal working hours
- The service has ownership of the intellectual or physical property involved
- There may be a breach of the common law principles of the employee's duty of fidelity to the interests of the employer, including the use of the employer's materials or property.

Where an employee in the above circumstances receives a fee, it should be paid immediately into the service's funds.

10.1.3.1 Release of official information

Employees are not prohibited from disclosing official information which would normally be given to any member of the public seeking that information. However, official information of a confidential or privileged nature should not be disclosed to unauthorised persons or organisations, except with the approval of the individual it pertains to, or as required by law.

10.1.3.1 Public comment

Where employees are representing the service in any official capacity, any public comments that are made must be in keeping with the philosophy, aims and objectives of the service.

As members of the community, employees have a right to make public comment and enter into public debate on political and social issues. However, there are circumstances where public comment or debate is not acceptable. These include:



- A public comment made in a private capacity gives rise to public perception that it is in some way an official comment of the service
- A public comment amounts to personal attack.

Where employees are in any doubt as to the propriety of a proposed public comment they should consult the CEO and should observe any directions given.

AGREEMENT

I have read and I agree to abide by the Code of Conduct for employees of AJESH.

Employee:

Signature:

Date:

CEO of Service:

10.2 JOB DESCRIPTIONS

All permanent staff positions will have job descriptions that are established, accurate and up to date. Job descriptions should reflect the actual work undertaken and should clearly outline the expectations of the worker employed in that position.

Temporary, casual and project workers may have fully developed job descriptions or this information may be included in their contract of employment where the nature of their duties and responsibilities during their employment with the organisation is outlined.

A copy of the job description will be provided to each worker when they commence work in the organisation. Workers should regularly consult their job description to ensure that their work is consistent with the expectations of the organisation. At times the CEO will give feedback to workers based on a comparison of their work performance and the expectations in the job description. Job descriptions will be used in the performance appraisal process to assess a worker's achievements and performance. This will be used as a basis for the decision to adjust pay levels.

Should the organisation choose to alter the duties and responsibilities for a particular position the job description should be subsequently altered.

The decision to alter a job description must be made by the staff group, CEO and Management Board . No party in the organisation may alter a job description without a significant consultation and decision-making processes.

The following job descriptions are endorsed as current organisational policy.

10.3 EMPLOYMENT CONTRACTS

AJESH is committed to implementing the terms and conditions outlined in the Cameroon Labour code. Additional employment conditions may also be offered to staff and these will be detailed in the employment contract.

Employment contracts will be written for each new staff member and will be available for them to sign at the commencement of their employment. Any changes to the employment contract of a staff member will be made with the mutual agreement of both parties.

Standard employment contracts exist within the organisation for all current positions. In the instance of temporary, casual or project staff, the employment contract may also contain details of the duties and responsibilities of the position. Drafts of all employment contracts follow.

10.4 STAFF REPORTING AND ACCOUNTABILITY

All staff are accountable to the Management Board and must provide regular monthly reports detailing their activities and any relevant issues. Staff must be available to provide additional information to the Management Board when requested.

Staff are also accountable to each other and to the staff team as a whole. In practice this means that staff should, wherever possible, make decisions collaboratively and that all workers should attempt to work from an inclusive and collegial framework.

The CEO is employed as the representative of the Management Board to deal with day-to-day management issues and to oversee the delivery of services and staffing issues. The CEO will report to the Management Board on a monthly basis and more frequently when required.

All staff are accountable to the CEO in the first instance, as the representative of the employing body. Staff will report to the CEO on a monthly basis in individual supervision sessions and more frequently as required or requested. Staff are also accountable to each other and will be available to discuss any aspect of their work with their colleagues should a reasonable request be made. The staff team will provide a context for discussion and for challenge for all staff members, in an atmosphere of respect and sensitivity.

All staff will be involved in annual performance review and planning processes. Refer to specific policy for more information on this issue.

Refer also to the Roles, Accountability and Decision Making Policy (3.6) for more information.

10.5 STAFF RECRUITMENT AND SELECTION

AJESH is committed to fair, equitable and transparent employment processes. Equity and merit are to form the basis of all phases of recruitment and selection. Only information which is relevant to the position will be requested of applicants.

Advertisements:

All permanent vacant positions in the organisation will be publicly advertised.

Temporary, casual or project positions may be advertised in these forms or an appropriate person/s may be approached and interviewed for the position.

Advertising may involve a combination of some or all of the following:

- Advertisement in the Courier Mail Careers section
- Advertisement in the Careers section of Cameroonian Newspaper
- Advertisement placed on the AJESH web site and other related web sites
- Email advertisements sent to the National Employment fund
- Notices sent in the mail to other welfare services
- Advertisement posted on the AJESH web site.

The decision as to the most appropriate form of the advertising for the position will be made by the CEO and the Board of Directors.

Each advertisement will include information about the organisation, the position being offered, details about the position, salary range, contact details and closing date.

Advertisements will encourage women from diverse backgrounds to apply. All advertisements should allow at least a two week period before applications close.

Information Pack:

An information pack will be prepared and posted to potential applicants including:

- Job description, including selection criteria
- Information about the service
- Mission statement, philosophy, objectives of the organisation

Selection Panel:

A selection panel will be established prior the advertisement of the position. This panel will generally be comprised of:

- A members from the Board and Executing body's representative – Chairperson and CEO
- An external, independent person

In some instances the Management Board may elect to have an additional staff position on the panel (for example, when advertising for the Projects Officer).

The selection panel will be empowered to undertake all tasks associated with the employment of the new worker and will make the final decision to offer the position to the successful applicant. Any variation to the terms and conditions of the position must be discussed by the full Management Board .

Shortlisting:

When applications have been received the selection panel will review them and shortlist those applications to be interviewed.

Once the shortlisting process is complete the Finance Officer may send letters informing other applicants that they have not been successful.

- A representative of the selection panel will contact the successful applicants and inform them of their interview time.

Interviewing:

- The interview process is to be consistent for all applicants.
- Interview questions will be developed by the selection panel based on the selection criteria.
- An agreed upon process for the interviews will also be developed by the selection panel.

During the interview the applicant should be provided with information about the organisation and the position; the applicant should be informed as to the people present on the interview panel and their positions in the organisation; the applicant should be given reasonable time to answer each question; the applicant should be given the opportunity to ask any questions or to provide any further information should they require.

- During the interview additional questions may be asked in order to clarify a particular issue which is related to the position or to clarify information that the applicant has offered.

The selection panel will score each applicant. The process for scoring may be developed by the selection panel. In general a three point system will be advocated where 1 = suitable for the position; 2 = possibly suited for the position; and 3 = unsuitable for the position.

- At the completion of each interview the selection panel will discuss their response to each applicant and reach either an agreed upon score or note their different scores.

- At the completion of all interviews the selection panel will assess the applicants overall and make a decision as to the successful applicant.

Referee Checks:

- Referee checks will be done of the successful applicant.
- In the situation where the selection panel is considering more than one applicant, referee checks will be done on these applicants and the selection panel will reconvene to consider this new information prior to making their decision.

- The selection panel is not able to contact additional referees without the consent of the applicant.

Decision to Employ:

- The successful applicant will be contacted and offered the position by a member of the selection panel.

- The specific details regarding starting dates will be negotiated with the CEO.

If no applicant is successful, the matter will be referred back to the Management Board / Board.

- If the decision is not unanimous, the matter will be referred back to the Management Board and applicants will be re-interviewed.

Documentation of the selection panel will be retained by the service for a period of 12 months.

Feedback:

Applicants may approach the selection panel to seek feedback on their application or interview.

In all instances, the organisation will attempt to provide honest and fair feedback that will facilitate the professional development of the applicant.

Locum Positions:

A locum employee may be confirmed in a permanent position in the organisation at the Management Board /CEO's discretion.

In order to be considered for this, the locum worker must have applied formally for a position with the organisation and gone through an official selection process.

10.6 STAFF INDUCTION

All new staff will receive an induction package and in their first week of employment will be involved in a range of activities designed to familiarise them with the workplace and the organisation.

- The Induction Package will include:
- Mission statement, philosophy, objectives
 - Service information
 - Constitution
 - Job descriptions
 - Current strategic plan
 - Policies and Procedures Folder
 - Contact list for all staff and Management members
 - List of important contacts (including security, etc)

➤ During the first week of employment, all employees will receive the following orientation:

- Administrative systems including use of telephones, security system, mail, email, computer system, use of vehicles, diaries, etc.
- Discussion with CEO about expectations of the position, relevant policies and procedures, history of the organisation

➤ Meetings with all other staff members to discuss their roles and approaches to work

➤ Meeting with staff to discuss service delivery issues

If possible, new staff will have an opportunity to meet the previous worker who will hand over relevant information about the specific position.

10.7 PROBATION

New employees will enter a three-month probation period upon commencement of employment. The focus of the probation period will be on supervision, induction and review. The overall aim of the probation period is to allow new workers to become familiar with the position, work practices, roles and policies. It also provides for a review at the end of the probation period which allows both employee and employer to look at progress and future directions.

A meeting will be held with the employee, the CEO and a member of the Management Board . In accordance with the employment contract, an initial review will occur after 6 weeks of employment and then again at 3 months, at which time the probationary period ceases. Both meetings will focus on the following areas and discussion will be documented and placed in the employee's file. A copy of the documentation will be presented to the Management Board at its next meeting.

Each meeting will cover the following issues:

- A review of responsibilities and duties undertaken as outlined in the job description or progress in each of these areas.

- Feedback on the level of work performance, including the degree to which the employee has needed supervision in undertaking duties or responsibilities.

- Documentation of any new initiatives introduced by the employee.

- Discussion of personal goals the employee may have for professional development until the next review period.

- The employee's ability to function as a member of the staff team.

If at the completion of the probation period the employee is not satisfied with the outcome, the he/she can withdraw.

10.8 STAFF MEETINGS

AJESH values staff meeting as opportunities for staff to share information, make decisions collaboratively and build a strong team. All staff members have a right to access information relevant to the service and all information should be shared amongst the staff group.

All staff should attend staff meetings on a regular basis and workers should inform the CEO if they are unable to attend a staff meeting.

Any staff member may add items to the agenda for discussion. The roles of facilitator and minute taker are to be rotated. Minutes of the meetings are to be recorded in the Staff Meeting Minutes Book.

Staff will endeavour to reach consensus on all decisions.

Staff meetings will be held on the last Friday of every month

10.9 STAFF SUPERVISION AND SUPPORT

AJESH recognises the importance of professional supervision for all workers involved in direct service delivery and staff management. This is considered to be an essential component of the capacity of the staff, and therefore the organisation, to undertake such demanding and challenging work.

- Supervision should fulfil the following functions:
 - To maintain the accountability of workers through ongoing reflection on practice
 - To further develop each worker's skill and knowledge relevant to professional practice

To offer support to workers both from internal and external supervision.

External Supervision

AJESH provides for external supervision for all professional staff employed in the organisation. Staff are encouraged to select their own professional supervisor and to then approach the CEO for approval of their decision. In the case of the CEO, the Management Board will approve the selection of their supervisor. Additional supervision may be negotiated with the CEO under special circumstances.

➤ Under all but the following circumstances, information conveyed to a supervisor will remain confidential:

- The worker discloses an issue relating to duty of care and does not intend to act on this issue in a professional way; the supervisor, after discussion with the worker, will inform the CEO of the service (or the Chairperson of the Management Board if the worker is the CEO).

- If the supervisor assesses that the worker's stress levels are seriously impacting on her job performance and her quality of life and have continued over a prolonged period of time; the supervisor, after discussion with the worker, will inform the CEO of the service (or the Chairperson of the Management Board if the worker is the CEO).

If the worker discloses a serious grievance concerning another staff member and does not intend to act on this issue in a professional way, the supervisor, after discussion with the worker, will inform the CEO of the service (or the Chairperson of the Management Board if the worker is the CEO).

Supervisors must be given a copy of this policy.

Team Supervision

AJESH will also provide regular professional team supervision with an external facilitator. The CEO will oversee the budget for this and will consult with the staff team about the frequency of team supervision.

Internal Supervision

The CEO will meet with each staff member on a monthly basis to discuss any organisational issues and to give and receive feedback on performance.

In addition to the formal supervision offered by the organisation, workers will be encouraged to provide informal support to each other. This may occur through individual relationships of support and through team activities such as meetings, social outings and team building activities. Positive and supportive collegial relationships are recognised as an important contributor to the overall workings of the organisation.

10.10 STAFF DEVELOPMENT

AJESH is committed to the ongoing professional development of all staff and recognises the important correlation between a dynamic staff group where learning and development are emphasised and the provision of high quality services to the community.

All staff will be encouraged to pursue their own professional development whilst employed at the service. This will occur in three main ways:

- AJESH will provide opportunities to engage in professional training and will allocate each worker an annual training budget that can be used, in consultation with the CEO, to attend workshops, seminars, conferences and courses.
- AJESH will provide a regular and up to date collection of resources for workers to access. This collection will involve a range of literature including books and referred journals.

AJESH will provide workers with access to professional supervision (refer to Supervision and Support Policy).

Training requests will be considered in the following context and with the following considerations:

Context:

- The value to the individual worker
- The enhancement of individual skills to perform the duties of the position
- The relevance of information to the individual's position within the organisation

- The contribution the information can be to the whole organization
- The networking opportunities which contribute to the quality of service provision

- The value of the training in keeping the organisation up to date on current trends and changes.

Considerations:

- Needs of the service to be open and staffed
- Overall staffing situation
- Financial cost to the organisation
- The individual worker's caseload and other service provision commitments
- Current equity amongst staff for attending training events.

Information pertaining to all forms of training will be shared and discussed at weekly staff meetings. Within these meetings, a process of negotiation will occur which will determine which staff members might attend any given training event.

The CEO has the overall responsibility for decisions that are made in this area, following consultation with staff.

10.11 HOURS OF WORK

Workers at AJESH will be expected to work from 8.00 am to 5.00 pm on their allocated workdays. This is consistent with the opening times of the service.

If staff wish to alter their hours of work this should be discussed with the CEO and with the staff team.

Staff members are encouraged to manage their time effectively and are not expected to work more than the hours for which they are employed. Whilst all staff are encouraged to develop and maintain collegial relationships, this must be balanced with the requirement that their professional responsibilities should be met in the time allocated.

Time sheets are to be filled out to show hours worked and TOIL. These sheets must be given to the Finance Officer who then calculates the payroll and passes the time sheets to the CEO for perusal.

Workers are expected to be on time and available for any appointments they make. Workers are also encouraged to make time in their working hours to read and think as part of their professional development.

Staff who wish to take TOIL or annual leave should check the appropriateness of this with the CEO and the staff team. TOIL should only be taken when it has been accumulated and at a time that is mutually convenient and does not place undue stress or demands on other workers. In the case of annual leave, this request must be also taken to the Management Board for approval.

TOIL must only be accumulated when work duties cannot be completed in the allocated working hours. Consistent with the labour code, the accumulation of TOIL should be seen as an irregular occurrence. If work duties cannot be completed within the allocated hours and this occurs on a regular basis, the CEO and staff member will meet to discuss workload and alternative strategies.

10.12 PERFORMANCE APPRAISALS

AJESH is committed to supporting staff to improve their own efficiency and effectiveness in the interests of providing a service that is responsive to the needs of target groups. Staff performance appraisal policies and procedures provide employees with a clear understanding of the expectations on them in terms of performance as well as a planned opportunity to gain support and feedback.

The purpose of performance appraisals are to:

- Establish clear expectations by setting objectives related to worker's position description.
- Establish a clear work plan to achieve the objectives.
- Identify and plan for any training and development required achieving planned objectives.
- Provide regular, constructive feedback and support to the worker through reviewing progress and achievements towards the objectives.
- Provide a framework for planning the worker's career development.
- Provide a clear commitment from the organisation regarding its role in providing support and developing the abilities of its workers.

Performance appraisals will be undertaken in a collaborative manner and in a way that encourages self-reflection.

For annual performance appraisals, meetings will involve the employee, the CEO and a representative of the Management Board .

Each annual performance appraisal aims to:

- Reflect on the worker's learning over the past year
- Acknowledge achievements over the past year
- Provide opportunities for feedback on work performance
- Identify training and development needs
- Review position descriptions and work procedures and discuss possible changes.

The performance appraisal process will involve the following steps:

1. After three months employment at the service, the worker will undertake a probationary review process. Refer to Probation Policy for more details.
2. At the completion of the probationary period of employment, a performance planning meeting will be held to negotiate and develop performance objectives and standards based on the employee's job description. This meeting will identify training and development required to achieve the objectives and develop a work plan based on these objectives.
3. Six months following the performance planning a meeting will be held to appraise performance and achievement toward meeting the negotiated objectives. Objectives will be renegotiated as necessary and the need for additional support will be assessed.
4. Six months following the above meeting the first performance appraisal meeting will be held. At this meeting the performance and achievement in relation to the objectives in the work plan will be discussed. The extent to which these objectives have been met will be discussed and documented. An overall performance rating will be agreed upon (i.e high level of performance, satisfactory level, unsatisfactory) and planning will occur for the next 12 month period.
5. Performance appraisal meetings will then occur annually.

Where agreement on the overall performance assessment cannot be reached, a review of the appraisal will be sought by an independent person approved by the Management Board . Either party may seek such a review. Where the employee's performance is deemed unsatisfactory, further action will be taken in accordance with the established Grievance Procedures of the organisation.

Information regarding the performance appraisal process will be documented, signed by all parties present at the meeting. All parties will receive a copy of the document. The Management Board will receive a copy of the documentation which will be tabled at the following Management Board meeting. A copy will also be placed on the employee's staff file.

The performance appraisal process may also be used to inform movement within the Labour Code classification levels. Although this process may occur separately to an annual performance appraisal it will utilise a similar process (see below for areas requiring particular attention).

In accordance with the Labour Code an employee shall not move from pay point to next pay point within the classification level until:

In the case of a full time employee such employee has received such a salary wage for a period of twelve months.

In the case of a part-time employee such employee has worked 800 ordinary hours and has been employed for a minimum period of twelve months on that pay point.

In addition, no employee shall be entitled to receive annual salary wage level movement by virtue of the Labour Code if after undergoing a formal performance appraisal it was deemed that their performance was not satisfactory.

This meeting should focus specifically on the following issues:

A review of the responsibilities and duties undertaken as outlined in the job description or progress in each of these areas.

Feedback on the level of work performance undertaken, including the degree to which the employee has needed supervision in undertaking duties or responsibilities.

Documentation of any new initiatives introduced by the employee, including discussion as to the potential implications for the current position description.

Discussion of personal goals the employee may have for professional development until the next period of review.

The employee's ability to function as a member of the staff team.

10.13 STAFF EXIT PROCEDURES

AJESH is committed to a positive and constructive work environment and welcomes the feedback of staff exiting from the organisation. The completion of exit interviews allows the organisation to gain valuable information for an employee who is leaving the organisation.

An exit interview is arranged by the CEO prior to the worker's last day of employment. Should the employee request it, a representative of the Management Board will also be present for this meeting. If the exiting worker is the CEO, the Chairperson of the Management Board will organise the meeting.

A proforma has been developed (see attached) to be completed during the exit interview. The outcomes of the interview are to be recorded on the form and the CEO (or Chairperson) will take any necessary follow up action arising from the exit interview.

EXIT INTERVIEW – PROFORMA

Name of employee:

Position:

Date of commencement:

Date of end of service:

Date of exit interview:

Name of interviewer 1:

Position:

Name of interviewer 2:

Position:

1. Reason/s for exiting:
2. Views / feedback of employee:
3. Any strengths / opportunities identified:
4. Suggestions to improve the work environment:
5. Any other issues:

(Additional written material may be attached).

6. CEO's comments (any matters requiring action must be clearly identified):
Signature / Date

7. Management Board member's comments (any matters requiring action must be clearly identified):
Signature / Date

10.14 STUDENT PLACEMENTS

AJESH has a commitment to providing fieldwork placements to students from social work, social welfare and social sciences degrees and diplomas. Within the limitations of the service, AJESH will contribute to the education of students in the hope of increasing understandings the important work of the service.

Students will be accepted for placement depending on the availability of staff and other resources and in such a way as to not interfere with service delivery.

Students are supervised in their work during their placement by a member of staff who will provide both professional supervision and direction of tasks on a day to day basis.

It is intended that placements at AJESH will facilitate personal and professional development as well as fulfilling the objectives required by the educational institution.

All students on placement at AJESH will agree to work within the philosophy, aims, objectives, policies and procedures of the organisation and to agree to abide by the code of conduct for employees and the professional code of ethics.

10.15 VOLUNTEERS

AJESH believes that volunteers make a valuable contribution to the service. Volunteers should:

- possess specific skills that cannot be met by paid staff and would be of benefit to the young people and/or the organisation in general
- be able to work within the philosophical framework of the organisation and have a genuine interest in the services offered by AJESH .

By offering volunteers the opportunity to form part of AJESH, they will not only be able to make a valuable contribution to the organisation but also have the opportunity to expand and develop their own professional skills and knowledge.

It is important to note that although volunteers are not paid workers the work they perform is in no way less valuable, relevant or necessary than that of paid workers.

Recruitment

Volunteers may be recruited either:

- On a case by case basis
- As part of an established volunteer program

All requests by members of the public wishing to volunteer their services are to be forwarded to the organisation in the first instance.

The request will then be raised at the next staff meeting.

If agreed, the volunteer will be interviewed by the Board Chairman, the CEO and one other selected staff member.

Induction / Work Program

Volunteers will be inducted into the organisation using the Induction Package set out for staff.

Volunteers will have access to regular internal and external supervision sessions

Volunteers are not required to attend team meetings on a regular basis but are welcome to attend when available.

All volunteers are covered by organisational insurance policies.

**SECTION ELEVEN:
COMPLAINTS AND GRIEVANCES**

- 11.1 Internal Complaints and Grievances
- 11.2 Service User Complaints
- 11.3 Community and Service Providers
Complaints
- 11.4 Complaints about another Service

11.1 INTERNAL COMPLAINTS AND GRIEVANCES

AJESH considers workplace grievances to be a most serious matter and undertakes to deal with all such issues with regard for the rights of each person and with an awareness of the importance of confidentiality in these matters. All parties involved in any complaint process will be kept informed at all stages of the process.

➤ All other disputes between staff members shall be dealt with in the following manner:

- In the first instance the worker will attempt to resolve any conflict with another worker through face-to-face contact or through detailing their concerns in writing. If possible the dispute should be dealt with at this level.

If the dispute or grievance cannot be resolved, it is to be reported to the CEO. If the dispute is with the CEO, the worker shall report directly to the Chairperson (or Vice-Chairperson as the staff liaison person).

- Where the CEO has a dispute with another worker, s/he shall report it to the Chairperson. If a staff member has a dispute with a Board member, either the Chairperson or an independent mediator will respond.

- The CEO / Chairperson shall take all possible and reasonable steps to resolve the dispute at this level. This may include facilitating a meeting of the two parties.

- At this stage a report shall be prepared detailing the issues and the responses thus far. This report shall be presented to the Management Board . If the dispute is resolved at this stage, no further action will be taken. If the dispute remains unresolved, a resolution meeting will be organised within 7 days.

The resolution meeting will involve an independent and external facilitator who will meet with all parties including the employer (management Board and CEO if appropriate), the complainant and the respondent. The respondent may bring a support person to the meeting (including a union representative).

Minutes are to be kept of this meeting. All parties must agree to deal with this matter privately and agree that any information disclosed will be confidential with the exception of the parties present.

After the dispute has been resolved, all parties will be provided with a written record of the complaint, the resolution process and all final decisions.

A follow up meeting will be considered to review whether the outcomes from the meetings have been met.

When this process is being followed work duties will occur as normal unless otherwise instructed by the employer.

In the instance where the employer (or the CEO as a representative of the employer) has concerns about the work capacity, performance or conduct of any employee the matter will be dealt with in the following manner:

The employee is to be informed of the nature of the complaint at the earliest opportunity. At the employer's discretion an immediate discussion may be held to disclose the specific complaint and how the work capacity, performance or conduct fall short of that required by the employer. This discussion will occur on a one-to-one basis and will use the employee's job description and contract as a point of reference.

A work plan of how the employee could improve work capacity, performance or conduct is to be developed. This plan will include a reasonable and agreed upon time frame. The employee is to be given proper notice of the meeting and will be advised of their right to have a Union representative or support person present at the meeting.

If, after this discussion, the employer remains concerned about work capacity, conduct or performance of the employee, and finds it falls below the standard required of the employer, a written confirmation of the continuing complaint will be given to the employee.

After the employee has received this written confirmation, a meeting will be called within seven working days. The nominated representative of the Management Board, the CEO, the employee and Union representative (or support person) may attend this meeting.

Where the CEO is the subject of the grievance, two nominated members of the Management Board will attend.

The employee is to be given a right of reply and / or an explanation. At this meeting, the parties are to make a reasonable attempt to resolve the dispute other than by dismissal. This may involve additional meetings.

The employer shall ensure that a reasonable time shall be given to enable the employee to comply and that she be given the opportunity to respond to any concern of allegation.

If this process does not succeed in rectifying the complaint, the employer may resolve to discontinue the employment of the employee. If the employee is dismissed either notice or payment in lieu of notice is to be given in accordance with the conditions specified in the employment contract.

Nothing in these procedures shall prevent the employer dismissing an employee where this is justified. Nothing in these procedures is intended to limit the legal entitlements of the employee in the event of dismissal.

Either party may take any unresolved dispute to the relevant Relations Commission.

11.2 SERVICE USER COMPLAINTS

AJESH encourages any target group of the organisation to make a formal complaint if they believe that:

The organisation is not doing what is set out in the philosophy, principles, policies or procedures;

The quality and standard of service that has been offered is not satisfactory.

Anyone may make a complaint about the service and making a complaint does not exclude the person from receiving the services of the organisation.

All complaints will be dealt with fairly, promptly, confidentially, and without retribution. The complaints policy will be posted in a public place in the service and will be written in an appropriate and understandable form.

Target groups of the services may choose in the first instance to direct their complaint towards the person whom it concerns. This is the preferred first step however; a number of factors may influence the choice of this method. As a way of encouraging target groups to raise any issues they are not satisfied with, they will be informed and encouraged to write directly to the office to raise their issues.

In the instance of more formal complaints, these complaints from target groups should be directed to the CEO. If the complaint is in relation to the CEO, the matter should be directed to the Chairperson of the Management Board who will then handle the complaint

All complaints must be made in writing. The organisation will arrange for interpreters and / or support workers to be made available if requested. All subsequent meetings and discussions must be recorded. All records from the complaint must be stored in a confidential location. The complainant will be informed of the progress and outcome of the complaint. If the complaint is not able to be resolved it will be referred to an independent mediator for resolution.

The following steps should be taken in making a complaint:

Make contact with the service and ask for an appointment with the CEO. If an anonymous complaint is received it will be recorded and dealt with to whatever degree appropriate.

If the complaint is being made about the CEO, contact should be made with the Finance Officer of the service to request an appointment with the Chairperson of the Management Board. Your contact details can be placed in sealed envelope and the Chairperson will contact you at the earliest opportunity.

The complaint process will be explained to you when you meet with the service representative. You may bring a support person to this meeting.

You will be asked to provide a written copy of your complaint if you have not already done so. The service representative will inform the Management Board of the nature of the complaint and an action plan will be developed.

You will be informed of the action taken and kept informed at every stage of the process.

- If the complaint was not able to be resolved, an external mediator may be brought in to assist all parties in resolving the issue.
- At the end of the complaint process you will receive a letter outlining what happened so that you have a record of the complaint and the outcome.
- If you are still not satisfied about the outcome you can phone the organization who funds this service, the Department of Families, with your complaint.

11.3 COMMUNITY AND SERVICE PROVIDERS COMPLAINTS

AJESH encourages any service provider or member of the community to make a formal complaint if they believe that:

- The organisation is not doing what is set out in the organisational philosophy, principles, policies or procedures;
The quality and standard of service that has been offered is not satisfactory.

Anyone may make a complaint about the service and making a complaint does not exclude the person from ongoing contact or collegial relationships with the organisation.

All complaints will be dealt with fairly, promptly, confidentially, and without retribution. The complaints policy will be posted in a public place in the service and will be written in an appropriate and understandable form.

All complaints should be directed to the CEO of the service. If the complaint is in relation to the CEO, the matter should be directed to the Chairperson of the Management Board who will then handle the complaint.

All complaints must be made in writing and all subsequent meetings and discussions must be recorded. All records from the complaint must be stored in a confidential location. The complainant will be informed of the progress and outcome of the complaint. If the complaint is not able to be resolved it will be referred to an independent mediator for resolution.

➤ The following steps should be taken in making a complaint:

- Make contact with the service and ask for an appointment with the CEO. If an anonymous complaint is received it will be recorded and dealt with to whatever degree appropriate.
- If the complaint is being made about the CEO, contact should be made with the Finance Officer of the service to request an appointment with the Chairperson of the Management Board . Your contact details can be placed in sealed envelope and the Chairperson will contact you at the earliest opportunity.
- The complaint process will be explained to you when you meet with the service representative. You may bring another person to this meeting.
- You will be asked to provide a written copy of your complaint if you have not already done so.
- The service representative will inform the Management Board of the nature of the complaint and an action plan will be developed.
You will be informed of the action taken.
If the complaint was not able to be resolved, an external mediator may be brought in to assist all parties in resolving the issue.
At the end of the complaint process you will receive a letter outlining what happened so that you have a record of the complaint and the outcome.
If you are still not satisfied about the outcome you can phone the organization who funds AJESH, with your complaint.

11.4 COMPLAINTS ABOUT ANOTHER ORGANISATION

In the interests of target groups service across the community sector we will complain if in the course of “our” relationship with another organisation a problem arises or the service is not adequate. A relationship with another service may include - referral or previous services to the same partner.

1. At all times the complaint will be handled in a positive and constructive manner.
2. The Executive President (CEO) or the Management Board can lodge complaints.
3. Before lodging a complaint the Executive President (CEO) will either:
 - a) seek approval from the Board if time allows;
4. The way in which a complaint is lodged will depend on the severity of the issue.

In the first instance minor issues will first be raised with the Executive President (CEO) of the other organisation verbally.

If the issue is not resolved or if the same issue becomes a problem again a letter will be written to the other organisation.

If appropriate, mediation will be sought

Where the nature of the problem is serious a letter of complaint will be sent to the Management Board of the other organisation.

If the issue is not resolved a complaint will be lodged with the???
5. Complaints relating to “Notifiable” or Criminal Behaviour
 - a) If the complaint about the other organisation includes Behaviour, which contravenes the Child Protection policy, then a notification will be made to the Delegation of Social Affairs.
 - b) In this instance the other organisation will not be informed.
 - c) If the complaint about the other organisation involves suspected criminal activity the police will be notified.
 - d) Again, in this instance the other organisation will not be informed.
6. Acting as a Client Advocate
 - a) It is appropriate to act as an advocate if one of our target groups has a problem with another organisation.
 - b) In this instance the permission of the client to reveal their name will be sought. Action will be confined to the client’s issue and the client will be kept informed of action taken on their behalf.

SECTION TWELVE: WORKPLACE HEALTH AND SAFETY

- 12.1 Commitment to Non-Discriminatory
Organisational Practices
- 12.2 Accident / Incident Reporting
- 12.3 Safety
- 12.4 Security
- 12.5 First Aid
- 12.6 Emergency Procedures

12.1 COMMITMENT TO NON-DISCRIMINATORY ORGANISATIONAL PRACTICES

AJESH is committed to ensuring a workplace free from all forms of discrimination whether it be based on gender, sexuality, culture, religion, age, language, location, socio-economic status, or level of ability. AJESH welcomes diversity and the richness that this brings to the life of an organisation and the individuals within it. AJESH undertakes to strive towards such a workplace for target groups, staff, management Board , other service providers and the community in general.

The organisation will do everything possible to ensure that target groups, staff, management and other community members are accepted in this organisation. This includes accepting the diversity of different lifestyles, customs and cultures in society.

Target groups:

AJESH will ensure that staff is provided with appropriate training in work with people from diverse backgrounds and that all staff have a respect and sensitivity with regard to difference. The staff group will be responsible for consultation with appropriate community representatives on a range of different issues and for incorporating these insights into the organisation's approach to service delivery.

Staff and Management:

AJESH will ensure that a safe, healthy and supportive environment is created and maintained for the well being of all staff and Board members. This will include addressing any occupational health and safety issues within the workplace and ensuring the work satisfaction for both staff and Board .

Service Providers and Community:

AJEHS is committed to collaborative and accountable work practices which necessitates strong working relationships with other relevant organisations and individuals. We respect the different perspectives that organisations may work from and welcomes an ongoing dialogue in order to ensure the highest quality services for the community.

12.2 ACCIDENT / INCIDENT REPORTING

All accidents or incidents involving injury to staff, students, volunteers and target groups will be reported, recorded and acted upon.

1. All workers involved in any accident/incident are to complete an Accident/Incident Report Form within twenty-four (24) hours (as attached). Copies are to be forwarded to:

- Board Chairman
- Accident/ Incident Report Folder kept in Administration
- The appropriate date in the Worker-On Diary for the information of other staff.

2. When appropriate ensure:

- a) Adequate medical attention and administer first aid if required
- b) Notify Board Chairman and Workplace Health & Safety Officer
- c) Initiate Critical Incident Procedure if appropriate
- d) Initiate Workplace Health and Safety procedures if appropriate
- e) Arrange debriefing if required.

.....
Is this a new injury or re-occurrence of a previous injury?
.....

.....
W O R K D U T I E S

Did you stop work or return to work after the
accident/incident?.....

.....
When did you stop work? .../.../.... What is the estimated return date?
.../.../....

.....
Are you likely to resume normal duties on return to work?
.....

N O T I C A T I N F I O

Has the Team Leader, Board Chairman and Chairperson been notified?
.....

Has a Doctor's Certificate been received?
.....

D E B R I E F I N G

Did you request debriefing after the
accident/incident?.....

If not, was debriefing
offered?.....

Was the offer of debriefing
accepted?.....

If not, why
not?.....

If yes, when did you attend?..... Was it
adequate?.....

Name of person who provided
debriefing?.....

W I ESSTN

Were there witnesses to the injury?
.....

Name of Witness [1]:

Address:

Phone: (w)(h)

Name of Witness [2]:

Address:

Phone: (w)(h)

PR EVEN TI NO

Are you aware of any action that has been, or can be taken to prevent the
accident/incident from happening again. If so, give details.

.....

.....

SI N A TU R ESG

Employee:**Board Chairman:**.....

Date:...../...../.....

Date:...../...../.....

12.3 SAFETY

AJESH is committed to the provision of a safe and supportive workplace and the provision of a safe place for target groups and employees. AJESH is committed to continually updating the safety protocols of the organisation and responding to any identified concerns of both staff and target groups.

Health Safety Requirements:

AJESH adheres to the principles and guidelines of the Occupational Health and Safety procedures. The organisation is committed to ensuring that the following provisions are maintained and regularly upgraded:

-
-
-
- Good lighting
- Good ventilation
- Safe heating and cooling equipment
- Accessible fire doors
- Fire extinguishers
- Non-smoking policy throughout the premises
- Non-slip floor coverings
- Wheelchair accessibility, including toilet facilities
- Clear walkways and passages.
-

General Safety Procedures:

The address passwords/secret code(s) of AJESH premises is to be kept confidential with the exception of target groups and service providers. The address should not be advertised or provided to any unauthorised person.

- All accidents involving any person at the service, whether minor or major, must be recorded and the CEO and Finance Officer must both be notified as a matter of urgency.

➤

Worker Safety:

The following measures are to be maintained to ensure worker safety:

➤

All organisation vehicles will have their registration numbers blocked so that the address of the service remains confidential.

Workers at AJESH who drive their personal cars to work will also have their registration numbers blocked so that personal details, such as residential address, cannot be traced from their registration number.

Workers will attempt to ensure that there are always two workers present in the building at any given time. When this is unavoidable, the worker will ensure that all external doors to the building are closed and locked. The worker will not schedule to see target groups during this time or answer the door to any other person. A notice will be placed on the front and back doors informing people that the service is closed and will reopen at a specified time.

➤ If a worker elects to stay in the building after hours the same procedures apply as those stated above.

➤ Workers will not be required to meet target groups in potentially unsafe locations under any circumstances.

12.4 FIRST AID

The organisation will provide access to a fully equipped first aid kit. Two first aid kits will be placed in the service, one in the administration area and one in the worker's lunch room. Burns packs are located in the refrigerators.

It will be the responsibility of the Finance Officer to ensure that the first aid kits are maintained and that all materials are up to date. Gloves should be supplied in both first aid kits and in all public areas of the building.

A list of current emergency services telephone numbers and address is kept in administration and a copy is also kept in each of the first aid kits.

A minimum of two staff will be required to receive first aid training. Other staff will be provided with the opportunity to receive training in first aid qualifications should they chose to pursue this. The organisation will meet the costs of this training.

12.5 SECURITY

A security company and security agent is contacted to provide regular security to both employees and staff during working hours and to the entire office after working same.
Services could equally be provided by competent individuals.

12.6 EMERGENCY PROCEDURES

AJESH has installed smoke alarm detectors and fire extinguishers throughout the premises. All equipment are serviced on a regular basis.

All workers are made familiar with the office floor plan and available exits on the commencement of their employment.

In the event of a fire, all staff should evacuate the building ensuring that all persons have vacated the premises as soon as possible. Staff should prioritise leaving the building safely and not stay to collect belongings or other materials. The Finance Officer or CEO should call the army rescue unit as a matter of urgency; if these workers are not present at the service, another worker should undertake to make this call.

Fire extinguishers should only be used if you are aware of the cause of the fire and if it is safe to do so. The main principles of fire control are detection, containment and extinguish. Closing doors helps to contain smoke as well as flames and can be an important strategy in fighting the fire and escaping without injury. People should drop to the floor and crawl to the doorway if the room is filling with smoke.