

# CORES™ Team Leader Contract

COmmunity Response to Eliminating Suicide

## Team Leader Agreement:

I (Full Name) \_\_\_\_\_

Declare on this day (date) \_\_\_\_\_

In the presence of \_\_\_\_\_

Justice of the Peace / Commissioner of Declarations

Agree to abide by the following and fulfil my obligations as a CORES™ Team Leader to the Kentish Regional Clinic Inc. CORES™ Project.

- To undertake the 4 day CORES™ Team Leaders training course to completion
- To co-facilitate 1 day CORES™ courses
- To co-facilitate CORES™ Team meetings monthly if applicable
- Provide leadership within the CORES™ Team if applicable
- To promote the 1 day CORES™ Course
- To promote the CORES™ Community Package
- Conduct no fewer than three 1 day CORES™ courses in the year commencing from the date training completed.
- Conduct the one-day CORES™ courses in a manner, which is acceptable and flexible to suit the needs of the group, while adhering to the aims and objectives of CORES™.
- Agree to use only material provided by Kentish Regional Clinic Inc. CORES™ project.

CORES™

Kentish Regional Clinic Inc. Sheffield Tasmania  
ABN 87 116 815 488.

- Agree not to use part or any material from Kentish Regional Clinic Inc. **CORES<sup>TM</sup>** courses in part or out of context for which they have been provided.
- Agree to honour the copyright of **CORES<sup>TM</sup>** materials and not duplicate material unless authorised and required for conducting one day **CORES<sup>TM</sup>** courses.
- Provide at the completion of the one day **CORES<sup>TM</sup>** courses full registration list, participant and self evaluation forms within 7 days to the Kentish Regional Clinic .
- When conducting Team meetings, provide copy of minutes and team number in attendance within 7 days of monthly meetings.
- Order all material 3 weeks in advance to allow time for delivery.
- Forward all required fees to the KRC immediately after training is completed.
- Agree to pay a yearly registration fee of \$20.00 immediately upon expiry of this agreement.
- Resign in writing if no longer able to provide **CORES<sup>TM</sup>** courses

Please provide the following contact details. Also required for registration.

Full Legal Name			
Date of Birth	Country of Birth:		
Street Address			
Postal Address If same, write "as above"			
Suburb	State:	Postcode:	
Telephone Include area code	Home: Mobile:	Work: Fax:	
E-mail			

**CORES<sup>TM</sup>**

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Please sign the following to allow information to be placed on the trainers list for distribution which in turn will allow for greater network and support.

Name	
Phone number home	
Phone number mobile	
Email Address	
Other as stated	

If the above boxes are not signed details will be retained by Kentish Regional Clinic Inc for use by the organisation only.

#### Intellectual Property

The Intellectual Property of the program (CORES™) remains the property of KRC at all times and as a Team Leader you are required to respect the Intellectual Property of the program and any other material KRC supplies during the course of the program and must not disclose this material to any other party or use the material in any other way, without the expressed written permission of KRC.

Team Leader Signature:  
*(please initial all pages of this document)*

Date:

Coralanne Walker  
Executive Officer Kentish Regional Clinic  
Witness:

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Coralanne Walker  
Executive Officer  
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