**APPENDIX H**

**FACILITIES AND RESOURCES FOR AN EXECUTIVE PROGRAMME:**

In respect of the technical/functional criteria “**Facilities and resources for an executive programme”** the bidder is required to complete this appendix to substantiate its compliance.

The bidder is required to mark with an “**x**” in the appropriate column, to indicate whether its executive wellness facilities and resource meet the following requirements to provide sustainable support to the AGSA. Bidders should also substantiate and provide the details required in the last column:

1. **FACILITIES AND RESOURCES FOR EXECUTIVE WELLNESS PROGRAMME**

It is required that all bidders should respond in the format prescribed below. A bidder can add more lines, in case the space provided is not enough for the list of professionals.

* 1. **FACILITY 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Executive Wellness Programme must have the following minimum requirements:** | **YES** | **NO** | **Please include further details and comments as indicated below***(Indicate registration details)* |
| 1 | Comprehensive medical assessment by a qualified medical doctor |  |  |  |
| 2 | Fitness & Ergonomics by a qualified Bio kineticist |  |  |  |
| 3 | Exercise Programme & Aspiration Finder by a qualified Bio kineticist/ Exercise Consultant |  |  |  |
| 4 | Nutritional intervention by Dietician |  |  |  |
| 5 | Personal mastery by Clinical Psychologist |  |  |  |
| 6 | Other relevant professionals & services |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- FACILITY 1**

For the purpose of verification, please provide the physical address of your existing Executive Wellness Programme:

|  |
| --- |
| **Indicate your physical address:** |
|  |
|  |
|  |
|  |

* 1. **FACILITY 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Executive Wellness Programme must have the following minimum requirements:** | **YES** | **NO** | **Please include further details and comments as indicated below***(Indicate registration details)* |
| 1 | Comprehensive medical assessment by a qualified medical doctor |  |  |  |
| 2 | Fitness & Ergonomics by a qualified Bio kineticist |  |  |  |
| 3 | Exercise Programme & Aspiration Finder by a qualified Bio kineticist/ Exercise Consultant |  |  |  |
| 4 | Nutritional intervention by Dietician |  |  |  |
| 5 | Personal mastery by Clinical Psychologist |  |  |  |
| 6 | Other relevant professionals & services |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- FACILITY 2**

For the purpose of verification, please provide the physical address of your existing Executive Wellness Programme:

|  |
| --- |
| **Indicate your physical address:** |
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* 1. **FACILITY 3:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Executive Wellness Programme must have the following minimum requirements:** | **YES** | **NO** | **Please include further details and comments as indicated below***(Indicate registration details)* |
| 1 | Comprehensive medical assessment by a qualified medical doctor |  |  |  |
| 2 | Fitness & Ergonomics by a qualified Bio kineticist |  |  |  |
| 3 | Exercise Programme & Aspiration Finder by a qualified Bio kineticist/ Exercise Consultant |  |  |  |
| 4 | Nutritional intervention by Dietician |  |  |  |
| 5 | Personal mastery by Clinical Psychologist |  |  |  |
| 6 | Other relevant professionals & services |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- FACILITY 3**

For the purpose of verification, please provide the physical address of your existing Executive Wellness Programme:

|  |
| --- |
| **Indicate your physical address:** |
|  |
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|  |
|  |