



AODA Contractor Compliance Statement Form



I/We, certify that we are in **full compliance** with the *Accessibility Standards for Customer Service (Ontario Regulation 429/07)* under the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* and have provided the necessary training to staff (employees, agents, volunteers, or others for whom we are responsible).

In accordance with the requirements of Section 6 of the regulation the training that I/We provided includes the following content:

1. A review of the purposes of the *Accessibility for Ontarians with Disabilities Act, 2005* and the requirements of the Customer Service Standard;
2. How to interact and communicate with people with various types of disabilities;
3. How to interact with people with disabilities who use an assistive device, service animal or support person;
4. How to use the equipment or assistive devices available on the premises that may assist in the provision of goods and services to people with disabilities;
5. What to do if a person with a particular type of disability is having difficulty accessing goods or services; and
6. Norfolk County's Accessible Customer Service Policy and related procedures and practices.

The necessary training will be delivered on an ongoing basis to new staff (employees, agents, volunteers, or others for whom we are responsible) prior to providing goods or services to, or on behalf of, the Corporation of Norfolk County.

I/We shall submit to Norfolk County, if requested, documentation prescribing its accessible customer service training policies, procedures and practices, and a summary of the contents of training, together with a record of the dates on which training was provided and the names of the attendees.

Norfolk County reserves the right to require the Contractor, at the Contractor's expense, to amend its training policies, procedures and practices if Norfolk County deems them not to be in compliance with the requirements of the Regulation.

I/We shall only assign those staff who have successfully completed training, in accordance with Section 6 of the Regulation, to provide services to, or on behalf of, Norfolk County.

Company Name: _____

Address: _____

Town/City: _____ **Postal Code** _____

Name(s): _____ **Title(s):** _____

Signature(s): _____ **Date:** _____

I/We have the authority to bind the Company.

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For County Use Only:

Department: _____

Division: _____

Staff Contact: _____

Reference Number: _____
(Bid Document No., PO No.)

Indicate if the following information has been provided to the Contractor:

- Information Flyer
- Norfolk County AODA Workbook or link to website www.norfolkcounty.ca/accessibility
- Training Options for Contractor Compliance

Provide a copy of the completed AODA Contractor Compliance Statement Form to the:

AODA Compliance Supervisor Date: _____
