



<b>SECTION:</b>	<b>Board Governance and Operations</b>	<b>APPROVAL DATE:</b>
<b>SUBSECTION:</b>	<b>Board Operational Goals</b>	<b>May 5, 2008</b>
<b>POLICY NAME:</b>	<b>Apparel Purchases and Fair Labour Practices</b>	<b>LAST REVISED:</b>
<b>POLICY NUMBER:</b>	<b>APP.BGO.A.1</b>	<b>May 5, 2008</b>

PROCEDURES FOR WELLINGTON CATHOLIC DISCRICT SCHOOL BOARD  
APPAREL PURCHASES AND FAIR LABOUR PRACTICES

PLEASE NOTE: Copies of the Direct and Indirect Compliance forms must be completed by all WCDSB apparel suppliers involved in the production, distribution, and/or sale of apparel.

COMPLIANCE FORMS

1. Compliance forms must be filled out for each individual apparel order that falls in the category of school uniforms or physical education uniforms.
2. A representative appointed by WCDSB has the right to audit these documents upon request.
3. Only the Direct Supplier Compliance form, signed by the WCDSB supplier is forwarded to the WCDSB. Direct Compliance forms must be forwarded to the Supervisor of Purchasing.



**and Fair Labour Practices**

**DIRECT SUPPLIER  
CONFIRMATION OF COMPLIANCE FORM**

(Must be completed by the direct supplier and forwarded to the School Board)

Vendor Product ID(s)# \_\_\_\_\_  
Product Description \_\_\_\_\_

<b>Part 1 - Direct Supplier Contact Information</b>
Company/Business Name: _____
Street Address _____
Prov/State _____
Postal Code/Zip _____
Mailing Address (if different) _____
Contact Person/Position _____
Phone Number _____
Fax Number _____
Email Address _____
Areas of Code Non-Compliance: _____
_____
_____
_____

<b>Part 2 - Verification of Code Compliance</b>
I hereby certify that I have read and fully understood the WCDSB Apparel Purchases and Fair Labour Practices policy and regulations. I am in the process of collecting the indirect supplier forms from the suppliers/contractors/subcontractors and manufacturers involved in the production of the product(s) listed above. When these documents are received I will keep them on file and make them accessible to representatives of the WCDSB. To the best of my knowledge I am not aware of any areas of non-compliance within this supply chain other than those made note of in this document. I also agree to notify the WCDSB of any changes within the supply chain or with the compliance of any supplier listed. To the best of my ability I will ensure that this supply chain meets or exceeds the WCDSB Fair Labour Practices.
Date: _____
Owner/Operator Name (please print) _____
Owner/Operator Signature _____

**Part 3 - Disclosure Information**

Please fill out the following information for each step in the supply chain for the product noted on page one.  
(Photocopy additional sheets as necessary)

Company/Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Prov./State \_\_\_\_\_  
Country \_\_\_\_\_ Postal code/Zip \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person/Position \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Areas of Non-Compliance \_\_\_\_\_  
(if applicable) \_\_\_\_\_  
Please attach explanation and plan \_\_\_\_\_  
timelines for compliance \_\_\_\_\_

Company/Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Prov./State \_\_\_\_\_  
Country \_\_\_\_\_ Postal code/Zip \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person/Position \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Areas of Non-Compliance \_\_\_\_\_  
(if applicable) \_\_\_\_\_  
Please attach explanation and plan \_\_\_\_\_  
timelines for compliance \_\_\_\_\_