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| **Purpose** | This document provides clear authorities for delegation on all levels of the organisation. | |
| **Scope** | The guidelines recorded in this document apply to the board, director(s) all staff and roles. | |
| **Policy** | If a staff/board member or director is unable to perform their role due to illness, annual leave or other reasons the delegation according to this document will be implemented. | |
| **Evaluation** | A three-yearly review of the effectiveness of the delegation processes will be conducted.  The evaluation results are collected and analysed by Click here to enter text.  Any non- adherence to the delegations noted in this document, will be investigated and analysed.  Required service improvement measures are initiated and will be monitored by Click here to enter text. | |
| **References** | | |
|  | | [Companies Act 1993](http://www.legislation.govt.nz/act/public/1993/0105/latest/DLM319570.html)  [Unit Titles Act 2010](http://www.legislation.govt.nz/act/public/2010/0022/latest/whole.html#DLM1160687) |
| **Service documents** | | Position Descriptions  Governance Manual |

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| **Delegated Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Board of Trustees Chair Person**  **Director(s)** | Oversight of Financial Management |  |  |  |
| Strategic Planning |  |  |  |
| Governance |  |  |  |
| Purchases |  |  |  |
| Organisational Risk Management |  |  |  |
| Annual Meeting |  |  |  |
| **Manager/CEO** | Contract Management |  |  |  |
| Business Development |  |  |  |
| Emergency Management |  |  |  |
| Facility Management |  |  |  |
| Health and Safety |  |  |  |
| Human Resource Management |  |  |  |
| Certification/accreditation |  |  |  |
| Monthly Financial Management  (budget, expenditures) |  |  |  |
| Networking |  |  |  |
| Operational Management |  |  |  |
| Performance Management |  |  |  |
| Purchases up to Click here to enter text. |  |  |  |
| Requests For Proposal |  |  |  |
| Recruitment |  |  |  |
| Reports to the board/directors |  |  |  |

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| **Delegated Authorities/Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Administration Manager** |  |  |  |  |
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| **Support Workers** |  |  |  |  |
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| **Health and Safety Representative** |  |  |  |  |
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| **Quality Role** |  |  |  |  |
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| **Infection Prevention and Control Coordinator** |  |  |  |  |
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| **Delegated Authorities/Responsibilities** | | | | |
| **Role** | **Area of Responsibility** | **Delegation To** | **Tasks Delegated** | **Tasks not Delegated** |
| **Registered Nurse** |  |  |  |  |
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| **Allied Health Professional** |  |  |  |  |
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| **Maintenance Staff** |  |  |  |  |
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# Consultation

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| Group/Role | Date |
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