



**ADELAIDE
UNIVERSITY
SPORT**

Document and Record Control Procedure

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Purpose

This procedure is designed to give guidance regarding the development and maintenance of AU Sport and Fitness (AUSF) documentation and describe how AUSF manage records.

It defines when and how a controlled document shall be created.

Scope

Controlled documents shall be formatted to a consistent standard, authorised at the appropriate level, accessible to personnel and subject to regular review and update.

All data kept by AUSF shall comply with this Procedure and the Privacy Policy, 028.

Definitions

| Term | Definition |
|-----------------------|---|
| Controlled Document | <p>Controlled documents are those that are listed in the Document Register and have an allocated document number.</p> <p>All AUSF policies, procedures, work instructions, forms, registers, and board documentation are controlled documents. Other documentation deemed vital to the good management of AUSF may also be controlled documents.</p> |
| Data | <p>Any data collected by AUSF including but not limited to:</p> <ul style="list-style-type: none">- Membership data- Financial information- Club operational data- Staff information- Event registration data- Risk assessments- Incident reports- Member medical information- Records such as meeting minutes- Internal audit reports |
| Document Register | <p>The Document Register is used to list all controlled documents and records. Each document shall include a document number, version, date of publishing, and any applicable notes.</p> <p>The Document Register can be found in AUSF files.</p> |
| Uncontrolled Document | <p>Not subject to document control and therefore this procedure.</p> |

Responsibilities

| Role | Responsibilities |
|------------------------|--|
| Senior Project Officer | <ul style="list-style-type: none"> - Manage initial review and approval for new and amended controlled documents - Maintain the Document Register, 019 - Assist all team members to make decisions about amending or creating controlled documents. - Distribute updated controlled documents as required - Respond to queries from the Board of Management regarding controlled documents for approval. - Maintain all controlled documents. - Comply with requirements outlined in this procedure. - Complete internal audits according to the Internal Audit Schedule. Determine recommendations and update (or manage team members to) documentation and processes as required. Monitor the progress of recommendations and update report as required. - Prepare internal audit reports for the Board of Management monthly as part of staff reporting. |
| General Manager | <ul style="list-style-type: none"> - Approve documents as required by the Senior Project Officer. - Present documents for approval to Board of Management members when required. - Comply with requirements outlined in this procedure. |
| All team members | <ul style="list-style-type: none"> - Working with the Governance Officer to determine when a new or amended controlled document is required and drafting. - Prepare distribution lists for new or amended controlled documents. - Comply with requirements outlined in this procedure. |

Document Control

New Controlled Documents

The following process shall be followed when considering the preparation of a new AUSF controlled document.

1. Before creating a new document, determine if the information can be stored in an existing procedure or policy, and if it meets the requirements of a controlled document. Refer to the Governance Officer or the General Manager to obtain agreement on creating a new document.
2. Obtain a document number from the Document Register.
3. Before drafting the document:
 - a. refer to existing policies and procedures for compliance and references which should be considered where relevant,
 - b. Confirm compliance with current AUSF standards, constitutional, and legislative requirements,
 - c. Consult with relevant team members who will use or be affected by the new document,
 - d. Determine a distribution list (who needs to know about the new procedure),

4. Prepare the draft document according to the requirements defined in the template in Appendix 1 of this procedure.
5. Send the draft via email to the Governance Officer along with a summary of the purpose and drafting process (e.g. team consulted, process reviewed, etc.) and the distribution list.

The Governance Officer will manage the approval process and distribute the document as described below.

Amending Controlled Documents

To amend a controlled document, use the following process:

1. Discuss the change with the Governance Officer to determine who is responsible for the required updates and the existing policies and procedures affected.
2. Using the controlled copy, track changes made in the document using the Microsoft Word Track Changes tool. As part of the drafting process;
 - a. refer to existing policies and procedures for compliance and references which should be considered where relevant,
 - b. Confirm compliance with current AUSF standards, constitutional, and legislative requirements,
 - c. Consult with relevant team members who will use or be affected by the amended document,
 - d. Determine a distribution list (who needs to know about the new procedure),
3. Update the date and version number.
4. Send the draft via email to the Governance Officer along with a summary of the purpose and drafting process (e.g. team consulted, process reviewed, etc.) and the distribution list.

The Governance Officer will manage the approval process and distribute the document as described below.

Approval Processes

The approval process shall include the following:

1. The procedure shall be reviewed and approved by the Governance Officer who then forwards the document to the General Manager for review and approval via email.
 - a. Where the document is a NEW document:
Upon approval, the new procedures must be approved by the AUSF Board of Management (the Board) at the upcoming Board Meeting. Board Members will receive a copy of any documentation for approval when the meeting agenda is provided.
2. The Governance Officer is responsible for addressing any questions from the Board.
3. Upon minuted approval, the Governance Officer is responsible for marking the document final, distribution, and updating the Document Register.

Record Control

Data is collected in many ways by AUSF. All AUSF data is managed according to this Policy and the Privacy Policy, 025. All personal data shall only be used by AUSF as specified upon collection.

Security and Storage

Membership information and website

The website and membership data is stored in the UniOne system administered by Code 360. The Code 360 Privacy Policy can be found on the Code 360 website.

Documentation

All soft copy data is saved on The University of Adelaide system and AUSF comply with the requirements determined by The University of Adelaide Acceptable IT Use and Security Policy.

All hard copy data is stored securely in AUSF facilities.

Confidential Data

AUSF mark confidential information accordingly. All AUSF financial data is deemed confidential.

Disposal

All confidential data shall be disposed of either through confidential recycling bins or full deletion from computers, emails, and networks. The Governance Officer shall be consulted to prior to deleting a Controlled Document.

Privacy

AUSF are committed to the responsible use of data comply with the requirements outlined in the Privacy Act 1988. The Privacy Policy, 028 defines relevant requirements and processes.

Internal Audit

Controlled documents shall be formatted to a consistent standard, authorised at the appropriate level, accessible to personnel and subject to regular review and update.

AUSF use a monthly internal audit calendar which can be found in Appendix 2 of this procedure. It defines which controlled documents and processes shall be audited. The Governance Officer is responsible for internal audit processes.

Internal Audit Report

Internal audit results shall be reported using the Internal Audit Report template, 029. Results are recorded as follows:

Observation: A procedure or policies reference will be recorded and the internal audit observation will be recorded.

Compliance: Compliance with the procedure or policy will be determined as full compliance, inconsistent compliance, and revision required.

Full compliance is defined as the procedure or policy being adhered to (with evidence of such) and no changes being required.

Inconsistent compliance is defined as compliance with over 50 percent of the requirements of a procedure or policy. In this case, recommendations for follow up actions and a due date for completion are required.

Revision required indicates that the policy or procedure is not being complied with and is not fit for purpose. In this case, follow up actions are required with specified due dates for completion.

Noncompliance risk rating: Each noncompliance will be determined as high, medium, or low risk.

High risk is a non-compliance which may result in a failure of AUSF to meet its legislative and affiliation requirements as defined in the Policy Manual and/or a high risk to the health and safety of staff, members, or volunteers.

Medium risk is a non-compliance which may result in a failure of AUSF to deliver its key services and/or a medium risk to the health and safety of staff, members or volunteers.

Low risk is a non-compliance which may result in a failure of AUSF to perform at its most efficient and effective but does not impact on service delivery or compliance with legislative or affiliation requirements.

Internal audit reports are provided to the Board of Management monthly as part of staff reporting.

References

Privacy Act 1988

AUSF Constitution

Policy Manual, 001

Code of Conduct, 003

Internal Audit Report Template, 029

Privacy Policy, 025

Appendix 1

Controlled Document Template

The following formatting convention shall be adhered to and this Policy shall be used as an example:

Title page, which includes the AUSF logo

Table of contents

Purpose (header level 1)

Scope (header level 1)

Definitions (header level 1) – where applicable

Responsibilities (header level 1)

Procedure / Policy Content (using levelled headers (1-4))

References

Listed by document name

Appendix 2

Internal Audit Schedule

| MONTH | DOCUMENT/PROCESS FOR REVIEW |
|-----------|-----------------------------|
| January | Full Review |
| February | |
| March | |
| April | |
| May | Full Review |
| June | |
| July | |
| August | |
| September | |
| October | Full Review |
| November | |
| December | |

Appendix 3

Internal Audit Report

The Internal Audit Report Template, 029 can be found in AUSF governance files.