**ANNEXURE D1**

**FACILITIES AND RESOURCES FOR EXECUTIVE WELLNESS PROGRAMME**

The bidder (s) to confirm the availability of the relevant facilities and resources for executive wellness programme within the major towns in the following regions where SARS operate.

In respect of the technical/functional criteria **three** “**Facilities and resources for Executive Wellness Programme”** the bidder is required to complete this annexure to substantiate its compliance.

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. **GAUTENG REGION**

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| The Executive Wellness Programme must have/provide the following minimum requirements: | | Name of Professional | Practice or Registration Number | Membership Active or Doormat | Years of Experience |
| 1 | Comprehensive medical assessment by a qualified Medical Doctor |  |  |  |  |
| 2 | Exercise Programme & Aspiration Finder, Fitness & Ergonomic by a qualified Biokineticist |  |  |  |  |
| 3 | Nutritional intervention by Dietician |  |  |  |  |
| 4 | Certified Lifestyle Coach |  |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- GAUTENG REGION.**

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

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| Indicate your physical address: |
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* 1. **KWA-ZULU NATAL REGION**

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| The Executive Wellness Programme must have/provide the following minimum requirements: | | Name of Professional | Practice or Registration Number | Membership Active or Doormat | Years of Experience |
| 1 | Comprehensive medical assessment by a qualified Medical Doctor |  |  |  |  |
| 2 | Exercise Programme & Aspiration Finder, Fitness & Ergonomic by a qualified Biokineticist |  |  |  |  |
| 3 | Nutritional intervention by Dietician |  |  |  |  |
| 4 | Certified Lifestyle Coach |  |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- KWA-ZULU NATAL REGION**

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

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| Indicate your physical address: |
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* 1. **WESTERN CAPE REGION**

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| The Executive Wellness Programme must have/provide the following minimum requirements: | | Name of Professional | Practice or Registration Number | Membership Active or Doormat | Years of Experience |
| 1 | Comprehensive medical assessment by a qualified Medical Doctor |  |  |  |  |
| 2 | Exercise Programme & Aspiration Finder, Fitness & Ergonomic by a qualified Biokineticist |  |  |  |  |
| 3 | Nutritional intervention by Dietician |  |  |  |  |
| 4 | Certified Lifestyle Coach |  |  |  |  |

**PHYSICAL ADDRESS OF EXECUTIVE WELLNESS PROGRAMME- WESTERN CAPE REGION.**

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

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| Indicate your physical address: |
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