**<Business Name> Business Continuity Plan**

**Staffing**

STEP 1

Detail potential vulnerabilities or commitments that might impact staff availability after a disruption:

|  |
| --- |
|  |

Checklist

All staff have been engaged with regarding our emergency plans and we have had a discussions about personal preparedness

Our organisation has appropriate emergency supplies and we have set a calendar reminder to restock them once a year

Our organisation has next of kin contacts for each staff member located in their personal file.

**Remember to check you hold your staff’s personal contact details and these are reviewed regularly.**

Core Product or Service: 1

STEP 2

|  |
| --- |
|  |

Essential Roles and Tasks to complete core product

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Skill set/ qualification | Staff with skill set | Alternative options |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Essential Supplies for core product

|  |  |  |
| --- | --- | --- |
| Task | Supply required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

Essential Equipment needed for core product

|  |  |  |
| --- | --- | --- |
| Task | Equipment required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

Core Product or Service: 2

STEP 2

|  |
| --- |
|  |

Essential Roles and Tasks to complete core product

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Skill set/ qualification | Staff with skill set | Alternative options |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Essential Supplies for core product

|  |  |  |
| --- | --- | --- |
| Task | Supply required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

Essential Equipment needed for core product

|  |  |  |
| --- | --- | --- |
| Task | Equipment required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

**Core Product or Service: 3**

STEP 2

|  |
| --- |
|  |

Essential Roles and Tasks to complete core product

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Skill set/ qualification | Staff with skill set | Alternative options |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Essential Supplies for core product

|  |  |  |
| --- | --- | --- |
| Task | Supply required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

Essential Equipment needed for core product

|  |  |  |
| --- | --- | --- |
| Task | Equipment required | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |

Key customers/ clients

STEP 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company | Main Contact | Contact Number | Email | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

STEP 4

Relocation Options

|  |  |  |
| --- | --- | --- |
| Location Option | Access Arrangements | Key Considerations |
|  |  |  |
|  |  |  |
|  |  |  |

Insurance Requirements

STEP 5

|  |  |  |
| --- | --- | --- |
| Insurance Type | Provider | Policy Number |
|  |  |  |
|  |  |  |
|  |  |  |

Delegation of Authority

STEP 6

|  |  |  |  |
| --- | --- | --- | --- |
| Person with Delegated Authority | Delegations | Contact Details | Relationship to Business |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Data Backups

STEP 7

|  |  |  |
| --- | --- | --- |
| Information Type | Method | Location |
|  |  |  |
|  |  |  |
|  |  |  |

STEP 8

Plan Authorisation and Review

|  |  |
| --- | --- |
| Completed by |  |
| Approved by |  |
| Date Approved |  |
| Next Review Due |  |