



service agreement

Please complete the following document, signing pages 1 & 4. If you have any questions regarding this service agreement please contact Wild Rumpus Community Services on (03) 5255 2467 or email intake@wildrumpus.org.au

This is a formal service agreement between:

(name of parent/guardian)

and Wild Rumpus Community Services.

To provide supports for:

(name of participant/service user)

Specific details of support (optional):

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual Support | <input type="checkbox"/> Rumpus Weekends | <input type="checkbox"/> Camps & Overnights |
| <input type="checkbox"/> Rumpings | <input type="checkbox"/> Sibling X | <input type="checkbox"/> School Holidays |

(signature of parent/guardian)

(signature of service provider)

(print name)

(print name)

payment information

Participant Name:

DOB:

DisabilityCare Number:

My DisabilityCare Australia plan is managed through:

DisabilityCare Australia Self Managed Other: _____

Please e-mail invoices to:

please tick I have been supplied with a list of service fees and Wild Rumpus Community Services have explained these fees to me in a way that I understand.

I understand that support cancelled with less than 12 hours notice will still be charged at full-cost. I have been provided with information relating to how to cancel my supports.

Self-managing: I agree that if I am 'self managing' my own plan I am expected to pay service invoices within 7 days of issue. Failing to do this may result in disrupted service.

Service Fees will periodically change, which participants and their families will be notified of by in advance via e-mail/post mail.

medical

In the event of a medical emergency arising during service when emergency contacts and parent/guardian are unable to be contacted by Wild Rumpus Community Services:

- I authorise Wild Rumpus Community Services to take all steps necessary to safeguard the welfare of the participant.
- I authorise Wild Rumpus Community Services to obtain medical assistance as deemed necessary by a qualified medical practitioner for the participant in the event of an accident or illness. Such consent includes anaesthetics and operations.
- I authorise Wild Rumpus Community Services to receive medical information about the participant and to provide written permission on my behalf to any medical practitioner/hospital to carry out any surgery /treatment they feel necessary to safeguard the welfare of the participant.
- I hereby agree to reimburse and indemnify Wild Rumpus Community Services for all expenses incurred as a result of the participant receiving treatment including ambulance and related expenses.

Wild Rumpus recommend participants have current ambulance insurance

application

I give permission for Wild Rumpus Community Services staff to administer/apply the following: (please tick boxes)

Band Aids

Sunscreen

Insect Repellent

movie viewing

I give permission for the participant to watch the following rated movies in the presence of Wild Rumpus Community Services staff. (please tick boxes)

PG

M 15+

If you have any specific concerns prior to the participant watching a movie please discuss these with the relevant program staff.

complaints

I have received a copy of *'How to make a complaint & provide feedback'* and understand the process if I wish to make a complaint.

- Complaints and feedback can be lodged by phone, email, and via the feedback form on the Wild Rumpus webpage. Where possible, we aim to resolve complaints within fifteen (15) days of complaint lodgment.
- Complaints will be managed by the participant's specific support worker. Another support worker will manage the complaint if the complaint has the potential to jeopardise the primary support worker's future at Wild Rumpus Community Services.
- If you are not satisfied with the outcome of the complaint process you can take the complaint further to the Disability Commissioner & DisabilityCare Australia.

staffing

- I understand that all staff operating under Wild Rumpus Community Services have a current valid Working With Children Check (WWCC), National Police Check, First Aid Certificate and have the skills to support the participant.
- Staff operating under Wild Rumpus Community Services share information with other staff also operating under Wild Rumpus. This information includes support plans, contact information, and case notes.
- Wild Rumpus Community Services operate as a collective of support workers - each having their own separate sole-trading entity including ABN and relevant public and product liability insurance. Support staff are individually liable through their sole trading entity if an incident occurs.
- Wild Rumpus Community Services make no guarantee to be able to provide support - support is dependent on staff availability. In circumstances where staff are unable to undertake support (either through illness, etc.) Wild Rumpus will endeavor to continue support with an alternative support worker.
- There may be circumstances where a participant's support needs may exceed the capacity of our service. In these circumstances Wild Rumpus reserve the right to terminate this service agreement, and assist to source a more appropriate service.

photography

I understand that photos of the participant may be taken to create support plans, communication tools, and other resources to document and capture memories of their time being supported by Wild Rumpus Community Services.

- By ticking this box I give consent for photos of the participant at Wild Rumpus Community Services to be used in Wild Rumpus Community Services publications, including advertising materials, information booklets, newsletters and the Wild Rumpus Community Services website.

general

- I have provided all relevant information required for Wild Rumpus to provide a high level of support to the participant. I understand Wild Rumpus Community Services will not be held liable if an incident occurs due to having outdated information.

- I have no objections to the participant being taken on excursions, walks, or travelling as part of the program they are attending.

- I understand I have the right to request an advocate to support me if I feel I need additional support.

- I understand that information held by Wild Rumpus Community Services will be considered confidential and kept in locked storage. This information will only be used for direct service provision, and will not be passed onto any third party. I can arrange to see a copy of the participant's file.

Wild Rumpus Community Services have a commitment to provide a high quality service in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. We do this by upholding the *UN Convention on the Rights of Persons with Disabilities (2007)*, *Victorian Charter of Human Rights and Responsibilities Act (2006)*, and the *Disability Act (2006)*. We adhere to work practices and legislation to protect the safety, dignity, and individual choice of children and young people who have a disability.

I have read and understood this document, agree to its contents, and have selected my preferences where applicable.

(signature of parent/guardian)

(signature of service provider)

(print name)

(print name)

Date:

Date: