

CLIENT SERVICE AGREEMENT

Community Access

NAME	
Advocate details <small>If required (ie family member or person responsible who is authorised to consent on your behalf)</small>	
Name	Relationship
Phone	Mobile
Support details <small>(These initial support details may change over time by mutual agreement)</small>	
Days	Hours
Conditions of support	
<p>Northern Occupational Support Service inc agrees to support you to access the community in accordance with its goals and the principles of the State Disability Services Act, 1992, on the following basis:</p> <ol style="list-style-type: none"> All information relevant to your safe support has been supplied to NOSS and is updated by you when necessary. In accordance with the NOSS Entry Policy, while you are with NOSS you are required to <ul style="list-style-type: none"> behave in a manner which does not present a danger to self or others. be motivated to participate in accessing the community. Permanent placement will be dependent on a trial period of at least one month after which you, your advocate or Baptcare (if applicable) will be notified in writing of your acceptance or reason for non-acceptance. NOSS may, at the General Manager's discretion, provide one to one support for an initial period in order to safely assess your support needs. You, or your advocate, are required to notify NOSS immediately of any changes in medication. NOSS reserves the right to refuse to support you on any particular day if you if you are unwell. In accordance with the NOSS Exit Policy, NOSS reserves the right to withdraw support if: <ul style="list-style-type: none"> there are significant changes to funding. you no longer meet the Entry criteria. there are significant changes in your health or behaviour which prohibits us from supporting you safely. the level of support required increases to the extent that NOSS cannot meet your increased need. NOSS will take all necessary precautions to prevent damage to property resulting from your behaviour. However, if any property is damaged then you are required to pay the cost to repair the damage. You may be transported in a NOSS support worker vehicle, in which case an amount determined by the NOSS Board of Governance will be charged for mileage costs. This is currently .30c/km but may vary. These costs will be billed monthly. If a support worker is required to pay to attend an event in order to support you, the cost of entry will be shared equally between yourself and NOSS. If this cost is greater than \$5.00 NOSS will obtain your prior approval. 	

I accept the above conditions of support		
Signature		
	Signature	Date
Client		
OR Signed on behalf of _____ (name of client)		
Advocate / Person Responsible		

Consent to Photography		
I give my express consent for NOSS to use photos of me for promotional purposes, ie in the following circumstances:		
<ul style="list-style-type: none"> • NOSS website <input type="checkbox"/> • NOSS or Bluegum brochure <input type="checkbox"/> • Employment or Orientation Manuals <input type="checkbox"/> • Newsletter <input type="checkbox"/> • Display boards (at Expos etc) <input type="checkbox"/> • Signs <input type="checkbox"/> 		
<i>(Please tick all those to which you consent.)</i>		
I understand that the use of the photographic material for purposes other than those given above will require my further consent.		
Signature		
	Signature	Date
Client		
OR Signed on behalf of _____ (name of client)		
Advocate / Person Responsible		

Consent to Sunscreen		
Do you have any allergy to sunscreen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, are there any sunscreens which are safe to apply? Please give details.		
If not, please sign the consent below.		
I give my express consent for Northern Occupational Support Service staff to apply sunscreen when required.		
Signature		
	Signature	Date
Client		
OR Signed on behalf of _____ (name of client)		
Advocate / Person Responsible		