**Parenting Agreement for the care and support of children and young people**

|  |
| --- |
|  This Parenting Agreement is entered into voluntarily between the parents or guardians of a child or young person living in accommodation outside the family home and an NDIS service provider who will be caring/is caring for their child.  The Agreement outlines the rights and responsibilities of parents or guardians for the care and support of their child and provides a written record of elements of daily care and decision making which the parents/guardians authorise providers to make.  This Parenting Agreement aims to ensure the parent or guardian maintain their role as guardian and the primary decision-maker for their child, while assisting service providers to carry out the day-to-day care of their child.  It is noted some information in this agreement may need to be included in a care plan, which should sit separate to this agreement. If it is required, parents/guardians will work with the service provider to develop a care plan for the child or young person, which may take into account communication, daily routines and other supports.  This Parenting Agreement is additional to the service agreement between the service provider and the child representative for the NDIS plan.  The Parenting Agreement will be developed collaboratively between the parent and the provider, and copies will be provided to both parties.   |

# **1.** **Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | ………………….  | Date of Birth | …………………. |
| Surname | …………………. | Preferred name |   |
| Is the Child Aboriginal or Torres Strait Islander? | …………………. | Language spoken at home |   |

# **2.** **Parent / Guardian details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Contact 1 (Parent/Guardian)** |  |  |  |
| First name | …………………. | Surname | …………………. |
| Relationship to child or young person | …………………. | Best contact phone number |   |
| Are you Aboriginal or Torres Strait Islander? | …………………. | Language(s) spoken at home and/or other communication systems used |   |
| Address…………………. |  |  |  |
| Email address…………………. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Contact 2 (Parent/Guardian)** |  |  |  |
| First name | …………………. | Surname | …………………. |
| Relationship to child or young person | …………………. | Best contact phone number |   |
| Are you Aboriginal or Torres Strait Islander? | …………………. | Language(s) spoken at home and/or other communication systems used |   |
| Address…………………. |  |  |  |
| Email address…………………. |  |  |  |

# **3.** **Parent / Guardian Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact 1** |  |  |  |
| First name | …………………. | Surname | …………………. |
| Relationship to child or young person |   | Best contact phone number |   |
| Are you Aboriginal or Torres Strait Islander? |   | Language(s) spoken at home and/or other communication systems used  |   |
| Address…………………. |  |  |  |
| Email address…………………. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact 2** |  |  |  |
| First name | …………………. | Surname | …………………. |
| Relationship to child or young person |   | Best contact phone number |   |
| Are you Aboriginal or Torres Strait Islander? |   | Language(s) spoken at home and/or other communication systems used |   |
| Address…………………. |  |  |  |
| Email address…………………. |  |  |  |

# **1.** **Who is signing this agreement?**

**This agreement is between:**

Name of the Parent(s)/Guardian

|  |
| --- |
| ………….. |

**And**

Name of the Service Provider delivering the 24/7 staffing and care

|  |
| --- |
| ………….. |

Name of the individual completing this agreement on behalf of the service provider

|  |
| --- |
| ………….. |

Position held by the individual completing this agreement on behalf of the service provider

|  |
| --- |
| ………….. |

Address and phone contact of the Service Provider delivering the 24/7 staffing and care (Provider’s head office)

|  |
| --- |
| ………….. |

Service Provider Contact person (Name, Title and phone contact)

|  |
| --- |
| ………….. |

# **2.** **Purpose of the Agreement**

This Parenting Agreement outlines:

* What the parent/guardian will do for their child while they are in accommodation outside the family home including their expectation on what decisions they will be making on behalf of their child and the activities they will undertake to maintain the relationship and engagement with their child
* What tasks the parent/guardian can expect the provider will do for their child.
* Details of decisions and activities which the parent/guardians give permission to the provider to make or undertake in the delivery of care.

This Agreement is for:

|  |
| --- |
| *Child or Young Person’s Name*  |

This Agreement is about:

|  |
| --- |
| ***Include a broad description of the arrangement and agreed supports (must include staffing and supervision arrangements and family and community engagement, may include details of participant’s transport funding, capacity supports, or other disability and mainstream supports negotiated). NB: Specialist Support Coordinators will play an integral role in arranging these supports in accordance with their role in coordinating multiple services and supports.*** (PARENTS NAME) maintaining their role as (Childs Name) guardians and primary decision makers whilst (Childs Name) is supported under the Memorandum of Understanding (MOU)The agreement below outlines the responsibilities agreed to by both parents and/or legal guardians. * (PARENTS NAME) to make all decisions.
* (PARENTS NAME) to be contacted by phone if required urgently.

**The supports being provided for (CHILD) and how these supports are to be delivered*** (CHILD)’s [MUM/DAD] has chosen (PROVIDER) to be the support provider for (CHILD).
* Support staff provide support for (CHILD) in a 24/7 out of home care arrangement
* (CHILD) will have (1:1/2:1 RATIO) support for social engagement and skill building activities in the community
* Support staff will use the harness provided for (CHILD) to ensure he is transported safely at all times.
* (CHILD)’s support team will investigate options for (CHILD) to engage in different activities in the community. Any options identified will be discussed with (Family- [MUM/DAD] for [HIS/ HER] to approve.
* Support staff assist (CHILD) with [HIS/ HER] home learning activities and liaise with the school in relation to [HIS/ HER] resources and progress.
* Honest, open communication between the support provider and Family- [MUM/DAD]
* Set rosters to be developed between (PROVIDER) and Family- [MUM/DAD] and any changes to the roster to be discussed with Family- [MUM/DAD] prior to changes being implemented.

 **Communication between the parent/guardian and the Service Provider*** It is very important to Family- [MUM/DAD] to know who is going to be supporting (CHILD) on each shift.
* Family- [MUM/DAD] would like to receive a copy of (CHILD)’s roster on the Thursday before the roster is due to commence. This allows time for [HIS/ HER] to communicate with the House Manager or Case Manager to discuss concerns in relation to the roster before it is due to commence.
* (PROVIDER) will notify Family- [MUM/DAD] in a timely manner if there are to be any changes to the roster. If a staff member is not able to attend a shift, Family- [MUM/DAD] should be notified of the staffing change before it occurs.
* Family- [MUM/DAD] will communicate with the House Manager in relation to day-to-day activities, appointments, schooling and social activities.
* All communication in relation to rostering or staff concerns and requests for modifications to the property should be directed to the Case Manager at (PROVIDER) Support Services.
* Any feedback or concerns should be raised via a phone call, in person or email to the case manager or higher manager. Any positive or negative feedback is appreciated to know what is working well and/or ways in which things can be improved.

 **Transport*** (PROVIDER) will provide a vehicle for (CHILD)’s team to use. This vehicle is to remain at (CHILD)’s house.
* The costs associated with transporting (CHILD) are covered by Child Safety.
* (CHILD)’s support team will ensure (CHILD) wears [HIS/ HER] ) harness at all times when being transported in the vehicle
* (CHILD) is to be transported in the rear of the vehicle at all times
* If (CHILD) is heightened, he is not to be transported in the vehicle.
* When (CHILD) is transported by family, they will make a decision about where the (CHILD) will sit in the vehicle.

 **Capacity Building Supports provided by Allied Health Professionals** * Family- [MUM/DAD] will arrange all medical appointments for (CHILD) and will advise the House Manager of the appointment times. Only Family- [MUM/DAD] will have communication with medical professionals, unless Family- [MUM/DAD] has provided permission for the House Manager to liaise with them.
* Family- [MUM/DAD] is happy for the house Manager to communicate directly with OT, Speech, Behaviour Practitioner, Support Coordinator to arrange or discuss supports for (CHILD). Family- [MUM/DAD] would like to be cc’d into all email communication with therapists.
* The support team will implement the strategies being recommended by the Allied Health staff working with (CHILD)
* (CHILD)’s support team are to use [HIS/ HER] ) communication tools at all times and encourage [HIS/ HER] to use [HIS/ HER] ) ipad and proloquo program as part of all everyday activities.
* (CHILD)’s communication device is to remain with (HIM/HER) or be accessible at all times.
* Support team are to complete episodic recording forms and provide to Behaviour Practitioner.
* Any incident reports are to be provided to Behaviour Practitioner and allied health professionals.

 **Engagement Mainstream Agencies*** PARENT NAME) will be the first point of contact for the school for anything to do with (CHILD). The House Manager can also have contact with the school in relation to (CHILD) learning materials and resources and activities. (PARENT NAME) and the House Manager and Support Coordinator will liaise with the Special School to identify which activities (CHILD) engages with at the school and what learning is completed at home. This is to assist with reducing (CHILD) anxiety levels associated with attending school.
* (PARENT NAME) and the House Manager will identify the most appropriate staff to do the schooling work and activities with (CHILD). It is important for the staff completing the school work with (CHILD) at home to be confident and skilled to undertake these tasks effectively.
* Education Queensland will pay support staff as a Teacher Aide from their budget to support (CHILD) while he is at school for arranged activities e.g., Specialist programs, swimming lessons,
* SCHOOL NAME to communicate with House Manager in relation to learning program. School to liaise with Family [MUM/DAD] in the first instance in relation to any incidents, funding discussions.
* (CHILD)’s support staff will follow the learning program developed by [HIS/ HER] ) Teacher and assist (CHILD) with [HIS/ HER] home learning activities.
* Child Safety will provide funding for the cost of accommodation and transport for (CHILD). Negotiations between (PROVIDER)and Child Safety will be transparent and details of the agreement in relation to board and lodging costs will be provided to Family (MUM/DAD).
* Family [MUM/DAD] will attend all medical appointments with (CHILD) unless this is otherwise arranged between Family (MUM/DAD).and the House Manager for support staff to attend
* In the event that (CHILD) requires emergency medical treatment, staff are to call an ambulance in the first instance and then immediately notify Family (MUM/DAD).

**Food and Groceries*** FAMILY [MUM/DAD] will pay for (CHILD)’s groceries and food costs
* (CHILD) has a meal plan that Family [MUM/DAD] has created with the support team. Staff should follow the meal plan at all times.
* Family [MUM/DAD] has requested that (CHILD) eat a diet that is gluten free and mostly dairy free and organic. It is important for the support team to ensure they follow this diet at all times. Allergies to XYZ
* Food provided for (CHILD) comes from [HIS/ HER] grocery list and meal plan. Food purchased outside of this plan needs to be approved by Family [MUM/DAD] and/or the House Manager.
* Family [MUM/DAD] to provide pocket money for (CHILD) – cash provided to the House Manager and records kept of expenditure.
* Family [MUM/DAD] to pay for all school related expenses.

 **Decision Making*** Family [MUM/DAD] will liaise with the House Manager to create a roster/schedule of activities for the week for (CHILD). This schedule is to be followed by the support staff. Any changes to the schedule need to be notified to House Manager before they occur so that Family [MUM/DAD] can be informed.
* Family [MUM/DAD] remains the guardian and decision maker for (CHILD) and all communication in relation to decision for (CHILD) should be inclusive of Family [MUM/DAD]

**Doctor Visits and Medication Review** * (PARENTS NAME) to be reasonably available for all medical and specialist appointments. This includes making appointments, transport and attendance to appointments when possible.
* (PARENTS NAME) to be responsible for the purchase and supply of medication, including the provision of associated medication signing sheets.

 |

**The goal of the accommodation is:**

|  |
| --- |
| ***Outline care objective (ensuring decision-making capability, maintaining family engagement, contact and relationships, transition to adulthood etc)*****For (CHILD) to have the opportunity to develop skills and become more independent in an environment where he can be safe and supported.** * (CHILD) will have support staff who will be enthusiastic and positive about building [HIS/ HER] skills and working towards (CHILD) goals.
* Support staff are to provide opportunities for (CHILD) to improve their skills in everyday activities – assist (CHILD) to complete a task, don’t do it for them.
* Support staff will be role models for (CHILD) – modelling behaviour and activities where skills can be built.
* (CHILD) to become more independent – in [HIS/ HER] communication and around [HIS/ HER] home, making bed, vacuuming and mopping floor, helping to prepare meals, using ipad to communicate wants and needs, acknowledgement of their communication.

 **To maintain the relationship between (CHILD) and their family and allow positive family engagement.** * (CHILD) will spend time alone each week with [HIS/ HER] [MUM/DAD] and (OTHER FAMILY EG NAN) and continue to increase these family connections.
* (CHILD) family will visit them at [HIS/ HER] home on a regular basis at times that are suitable to them.
* Increase Facetime opportunities for (CHILD) to speak to [MUM/DAD] and (OTHER FAMILY EG NAN) outside of in person visits.
* There will be times that (CHILD) family visit [HIS/ HER] at home when (CHILD) and the support team are not present. (PARENT NAME) would like to have a key to the property.
* (CHILD) [MUM/DAD] will continue to be HIS/HER) guardian and nominated decision maker and the support organisation will liaise with (PARENT NAME) in relation to any decisions for (CHILD).
* (PARENT NAME) will attend some of the community activities with (CHILD) and [HIS/ HER] support staff. (PARENT NAME) will advise the House Manager if they are going to attend an activity.

 **For (CHILD) to be supported in their Transition to Adulthood*** SDA Application is to be completed by OT and Behaviour Practitioner to submit to the NDIA for approval
* Once SDA funding has been approved, Support Coordinator will assist (PARENT NAME) to liaise with SDA providers to determine the most appropriate accommodation that can be long term housing for (CHILD).
* Positive role models
* Working towards [HIS/ HER] goals
* Developing independence
* Support (CHILD) communication and ensure HIS/HER) voice is being heard and responded to.

 |

The child will be living at:

|  |
| --- |
| *Include intended or actual address* |

**In the event a child needs to be contacted directly, please use the preferred method below.**

|  |
| --- |
| ***Include phone number, email and any other contact details at which the child or young person can be contacted*** |

**Other Important Information:**

**As indicated above, additional information may be included in a care plan, which may sit separate to this agreement.**

|  |
| --- |
| ***Outline any other important information regarding the child or young person (sensory considerations, routines, education etc) that will assist the 24/7 staff to provide quality care*** **Understanding (CHILD) autism**(CHILD)s’ therapists have prepared a training workshop and notes that provide information about how (CHILD) autism impacts on [HIS/ HER] daily life. Staff should take the time to read through [HIS/ HER] document to understand some of (CHILD) support needs. **Daily Routines** (CHILD) allied health team will work with the House Manager to develop visuals and establish daily routines. It is important that the team follow the routines and that everyone is consistent in the way they complete routines with (CHILD).*\** See attached support plan and information / care plan/ PBSP  |

# **3.** **Agreement Dates**

The agreement starts on \_\_/\_\_\_/\_\_\_

This agreement does **not** affect the guardianship and custody of a child or young person.

The parent or the provider can end this agreement at any point through written notice. If a party chooses to terminate the agreement, the parent/guardian, NDIS service provider will work collaboratively with support coordinators and other stakeholders to support a transition for the child.

If parties decide to end this agreement, the provider will return the child to the care of the parent as soon as possible in the child’s best interests. Alternatively, the provider and parent can work together to find another suitable provider.

If a parent/guardian has signed this agreement but does not have primary custody of the child, the person with primary custody can ask the provider to return the child to that person. A parent or guardian can nominate other family members (aunt/uncle/other family member) in the box who can be contacted if the default parent or guardian is unable to collect the child.

The person and location the child or young person will be returned to: [*name]*

|  |
| --- |
|     |

The agreement will be reviewed on the \_\_/\_\_\_/\_\_\_

# **4.** **Review**

In order to reflect the changing nature of family units and relationships, this parenting agreement should be reviewed annually by all parties. The parenting agreement may be reviewed at any time through agreement of both parties.

# **5.** **Parent/Guardian Involvement**

I/We the child’s parent(s)/guardian agree to be involved in the following ways to support [insert child’s name] while they are living in accommodation in the care of the provider.

|  |  |
| --- | --- |
| Decision Making and Participation in Activities | Initial |
| I/we will maintain regular and ongoing contact with [*insert name of child*]. I will: |   |
| * *(PARENTS NAME eg [MUM/DAD] will visit (CHILDS NAME) on a fortnightly basis*
* *(PARENTS NAME) will encourage visits with other family members*
* *(PARENTS NAME eg DAD) will visit (CHILDS NAME) on a fortnightly basis (weekly when possible).*
* *(PARENTS NAME) to be involved in all aspects of care planning for (CHILDS NAME). This includes attending case conference meetings which includes attendance of (CHILDS NAME) professionals’ team.*
* *(PARENTS NAME) to support (CHILDS NAME) with appointments, whenever possible. If (PARENTS NAME) are unable to physically attend the appointment, they can be available to phone in to the appointment, whenever possible.*
* *If any of these arrangements require changing, contact is to be made with PROVIDER.*
* *(PARENTS NAME)* will visit (CHILD NAME) 3 days a week. (CHILD NAME) will spend Sunday with *(PARENTS NAME)*. (CHILD NAME) will be dropped off at (PARENTS NAME) house by the disability support provider at 9:00am and picked up at 4:00pm.
* *(PARENTS NAME)* will visit (CHILD NAME) 3 days a week. *(PARENTS NAME)* will sleepover at (CHILD NAME) house without mentors present one night a week. Mentors will return in the morning to support (CHILD NAME). *(PARENTS NAME)* will continue to encourage (CHILD NAME) relationship with siblings (NAME).
* *(PARENTS NAME)* to support (CHILD NAME) to have lunch or dinner with [HIS/ HER] eg. FAMILY & EXTENDED FAMILY once a fortnight without mentors.

 |   |
| I/we will remain reasonably contactable, to be involved in ongoing decision making and supporting the health and development, safety and wellbeing of [insert name of child] and to reasonably respond to any emergencies which may arise and require parent/guardian to resolve. I/we will provide consent for [insert child’s name]’s contact with other family members and other significant people in his/her life and other permissions (for example attendance at school excursions). I/we will advocate on [insert child’s name]’s behalf to secure access to mainstream services such as health and education. I/we will support [insert child’s name] return to our family home or to independent living in adulthood. I/we will actively support the goal of the care arrangements. This includes supporting [insert child’s name], working with parties who are supporting him/her and making important health and wellbeing decisions. I/we will actively support [insert child’s name]’s quality and enjoyment of life through meaningful contact, support and advocacy. \*Reasonably contactable means the parent / guardian must be available and readily contactable to make daily care and parental decisions for the child, as far as reasonably practicable\* |   |
| I/we will regularly meet (in person or by phone) with the provider on an agreed schedule, to discuss evolving care needs and align daily care, mainstream services and parental engagement. *For example, agreed schedule could be once a week based on individual needs and circumstances.*  |   |
| To participate in regular meetings with the care provider as required.  |   |
| To support [insert child’s name]’s access to the community, participation in recreational activities and engagement in any cultural events or practices I/we will: |   |
| To support (CHILD) access to the community, participation in recreational activities and engagement in any cultural events or practices I will:* Communicate frequently with the House Manager to discuss appropriate activities for (CHILD) to engage in.
* Provide additional funding for the cost of activities that are not funded through the NDIS
* Be available by phone, if required, for the House Manager or Support Worker to contact if they need advice about how to manage behaviours during recreational activities
* Attend some activities with (CHILD) and the support team

 |  |
| To participate in capacity building activities with [insert child’s name] I/we will:  |   |
| * Participate in stakeholder meetings and attend appointments with allied health professionals
* Discuss and suggest any recommended equipment or AT that may assist with (CHILD) capacity building
* Spend time with (CHILD) at home to continue to build [HIS/ HER] ) capacity to have successful visits with family
* Work with the House Manager and Allied Health professionals to develop daily schedules, routines, strategies for skill development
* Assist in identifying opportunities for (CHILD) to build skills
* Work with the support team to ensure everyone is actively involving (CHILD) in tasks and not doing things for (CHILD) .

 |   |

Other parent/guardian involvement as negotiated:

|  |
| --- |
|    |

If my circumstances change (eg. my contact details), I agree to contact the 24/7 staffing provider and renegotiate the terms of t[HIS/ HER] ) agreement and my involvement.

|  |  |
| --- | --- |
| Parent/Guardian 1 Initial |   |
| Parent/Guardian 2 Initial |   |

# **6.** **Provider Contribution**

This section outlines the agreement made by the provider for [insert child’s name] and his/her parents or guardian, and other family and community members.

I agree to support [insert child’s name] to stay in contact with his/her family (including significant friends and community members) and to support [insert name of parents or guardian] to exercise their rights and fulfil their responsibilities.

I recognise the importance of maintaining the child’s connection with their family and culture while they are living outside of the family home. I understand this is important for identity formation and the maintenance of family relationships, which will support potential reunification.

|  |
| --- |
| * Provider to encourage verbal contact with (PARENTS NAME) weekly basis
* (PARENTS NAME) to be contacted in the case of an emergency or crisis event.
* (PARENTS NAME) to be informed of all decisions and activities in relation to (CHILDS NAME) support.
* (PROVIDER NAME) representative to keep (PARENTS NAME) informed of illness and appointments.
* (PROVIDER NAME) *representatives to contact* (PARENTS NAME) *in relation to any concerns they have around engagement with* (CHILDS NAME)*.*

Please refer to the following documents for more detailed information on the responsibilities of (PROVIDER):* (PROVIDER) Support and Responsibilities
* (PROVIDER) Oncall and Incident Management System Policy
* (PROVIDER) Service Agreement
* (PROVIDER) Participant handbook
* (CHILD) ’s NDIS Plan
 |

Other contributions to help parents/guardian to make decisions and stay in contact with Jamil whilst he is receiving the 24/7 staffing and care are:

|  |
| --- |
| If (PARENTS NAME) is unable to be contacted by phone to provide information as outlined above, (PARENTS NAME) to be made aware via email / text/teams distributed from PROVIDER NAME.Decision making(PROVIDER) encourage parents to take part in decision making regarding the child’s care within policy and procedure. (CHILD) is allocated a Care Manager who will meet with parents once a week to discuss decisions and requests related to the care of the (CHILD). Outside of these meetings, parents can email the care manager. All decisions made regarding care must be within (PROVIDER) policy and procedure, legislative requirements and within funding arrangements. Contact(PROVIDER) strongly support family contact. Due to (CHILD)’s disability needs, it is preferred that contact is structured and routine to avoid escalation. This enables staff to plan around contact and for (CHILD) to have plenty of notice of when contact will occur. Attachments from Provider(PROVIDER) support processes and information.Participant handbook.Complaints formService agreements |

|  |  |
| --- | --- |
| Provider representative 1 |   |
| Provider representative 2 |   |

# **7.** **Permissions**

In making [HIS/ HER] ) agreement I/we allow the service provider to:

|  |  |
| --- | --- |
| Make decisions regarding daily care including daily meals and schedule within the guidance provided by the parent.  |  |
| Provide and/or organise transport for [insert child’s name] as required in the provision of daily care and support (including community and education and other approved activities) and in line with his/her plan.  |  |
| Behaviour Support Plans are outlined and discussed between the parent/guardian(s) and provider. Details of these plans may be attached in a separate form.  |  |
| Work with other people and professionals to help the child or young person return to the family home or independent living.  |  |

*Medical consent, medications and behaviour support plans may be detailed in a separate form.*

**Other authorisations by negotiation are:**
If additional space is required to list all authorisations, additional pages which are signed by all parties may be attached to this
agreement. Note on this page how many additional pages are attached to the agreement.

|  |  |
| --- | --- |
|  |  |

**Action in the event of parent/guardian disengagement**

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| --- | --- |
| In the event I/we cannot be contacted for an extended period of time, or we do not fulfil our roles and responsibilities as set out in this agreement, the service provider will contact the designated emergency contact to re-establish contact.Should I/we remain uncontactable and/or [insert child’s name] requires immediate decision making, the relevant state authority responsible for child safety may be contacted to ensure the child is supported by an appropriate guardian. |  |
| Name(s) Printed |   |
| Signature |   |

# **8.** **Agreement**

|  |  |
| --- | --- |
| **Parent/guardian Agreement** | **Initial(s)** |
| I have considered the wishes of my child in entering this agreement. |   |
| I have been provided with information about the provider for 24/7 supports and types of services my child will receive. |   |
| I have been provided with information about my guardianship rights and responsibilities and understand that I must maintain these guardianship rights or responsibilities to the provider.  |   |
| I understand the service provider and NDIS may store information relating to this agreement on their records. I understand these records will be stored safely and securely and will only be accessible to persons for the purpose of providing services and carrying out legal requirements under the agreement. |   |
| I have been informed of the service provider’s policy and practice requirements for planning for children in accommodation outside the family home and agree to participate in planning for my child whilst they are subject to this agreement. |   |
| I consent to the service provider and NDIS sharing information about the progress and status of this placement with the relevant state authority responsible for oversight for placements of children aged under 18. Information shared may include but is not limited to any element of the child’s progress within the service, or their current and future developmental and support needs.  |   |
| I agree to maintain the confidentiality of any other children, young people or their families with whom my child resides. This includes but is not limited to taking or sharing photos without the other child/ren’s guardian’s permission and sharing information such as the location they reside and attend school, their family circumstances, medical conditions or legal details on social media. |   |
| I agree with all the conditions mentioned throughout this document |   |

|  |  |
| --- | --- |
| **Service Provider Agreement** | **Initial(s)** |
| I have explained to the parent/guardian that the relevant local state authority will be made aware of this placement, and that information about the placement will be shared between the provider, NDIS and the local authority. |   |
| I have advised the parent/guardian that the service provider is required to participate in any review of this agreement. |   |
| I have advised the parent/guardian that the service provider will assist in the resolution of any disputes that may arise in relation to the care of the child or young person and further will assist in the provision of particular services specified in the child or young person’s plan as part of this agreement. |   |
| I have advised the parent/guardian that the service provider will support their ongoing engagement with their child as specified in the child’s plan and outlined in this agreement. |   |
| I have discussed with the child their views about this agreement. These views have been considered by me. |   |
| I have provided the child or young person with information regarding their rights as a service user and as a child or young person. |   |
| As far as reasonably practicable and realistic, I have advised the child or young person they can raise their concerns with if they are worried about their care or how they can make a complaint |   |

# **9.** **Signatures**

**Parent(s)/guardian**

I/We have read and agreed to all of the terms in t[HIS/ HER] ) agreement and agree to place my child in the care of t[HIS/ HER] ) service provider

|  |
| --- |
| Name(s) printed |
|    |

|  |  |  |
| --- | --- | --- |
| Signature(s) |   | Date |
|   |   |   |

**Person in charge of the service provider or their representative**

The service provider accepts responsibility for the care of the child or young person

|  |
| --- |
| Name printed |
|    |

|  |  |  |
| --- | --- | --- |
| Signature |   | Date |
|   |   |   |