



RANCARE  
CONNECT

# Service Agreement

for \_\_\_\_\_



# Service Agreement

All Participants will have a Service Agreement implemented when commencing services and after their NDIS Plan has been approved.

A Service Agreement is not a Person-Centered Plan.

A Service Agreement contains:

- Information on what supports the Participant will receive
- How much funding has been allocated (where applicable)
- When, where, how they will receive those supports
- How much the supports will cost and how they will be paid
- How long the supports will be for
- How the Service Agreement can be terminated
- What to do if problems occur
- Information on cancellation policy
- Safeguarding protections to ensure a safe and protective culture, including measures against abuse and neglect
- Expectations of the Participant are outlined in the Participant handbook
- Expectations of the Service Provider are outlined in the Participant handbook

We are committed to providing a safe environment for all participants. This includes:

- Adhering to our comprehensive Safeguarding Policy, which is located in the Participant handbook.
- Reviewing the safeguarding policies of organisations where participants may be placed
- Implementing safe online procedures to protect participants in digital interactions
- Providing clear guidelines on how to report any incidents or concerns. Complaints or feedback regarding service delivery, staff, or unresolved client-to-client issues can be lodged through:
  - Email: [admin@rancareconnect.com.au](mailto:admin@rancareconnect.com.au)
  - Post: 5/1889 Frankston-Flinders Road, Hastings, Vic 3915
  - Phone: Jodie (0400 524 631) or Narelle (0423 202 370)
  - In person: All staff members are equipped to receive feedback or complaints

More information in plain English with visuals is contained in the 'Guide to Service Agreements' and is available from: [NDIS Service Agreement Guide](#) or by contacting NDIS on 1800 800 110.



# Rancare Connect Service Agreement

## Scope

This Service Agreement is made in accordance with the National Disability Insurance Scheme (NDIS). This Service Agreement has been developed to ensure that the participant and provider have an agreed expectation of the supports in line with the NDIS Plan to:

- Support the independence, and social and economic participation, of people with disabilities
- Provide reasonable and necessary supports for participants
- Enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports
- Facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, support for people with disability
- Promote the provision of high-quality and innovative supports to people with disability
- Raise community awareness of the issues that affect the social and economic participation of people with disability and help with greater community inclusion of people with disability

## Service and Support schedule

Agreed services and supports between the Participant and the Provider is documented in the Schedule of Support document, this is presented in the form of a quote.

## Continuity of Supports

Participant needs, support requirements, strengths, goals, culture, diversity, values and beliefs specified by the participant including the inputs from their family/support network are identified during the initial assessment process and documented in the Initial Assessment.

Participant's preferences such as the same language, same culture or specific criteria will be considered, where possible.

Rancare Connect is dedicated to providing ongoing support for our participants. In the event of a worker's absence or vacancy, we will strive to replace them with a suitably qualified and experienced individual. If unavoidable interruptions occur, we will arrange an alternative solution with the participant's approval. Rancare Connect endeavours to support participants after they have chosen to exit the program, to ensure a smooth transition to their next provider.

## Change

If changes to the supports or delivery services are required, the Parties agree to discuss and review this Service Agreement. If applicable, changes in this Service Agreement will be in writing.

## Withdrawn

This Service Agreement can be withdrawn at any time with four (4) weeks' formal notice. The requirement of notice will be waived if either party breaches this Service Agreement.

Access to supports required by the participant will not be withdrawn or denied solely based on dignity of risk choice that has been made by the participant.





# Fees and Charges

## **Supports Provided by Rancare Connect**

Rancare Connect provides NDIS supports and their prices, along with any out-of-pocket expenses are set out in your quote. The quote may be amended as changes are made to the NDIS price guide or your support needs or preferences change.

Agreement for billing to occur is based on Rancare Connect receiving written confirmation, a signed quote and/or client receiving agreed Rancare Connect supports via attendance.

## **Payments**

All fees comply with the NDIS price guide and may change during this 'Service Agreement' in accordance with NDIS price guide changes. If fees change the participant will be notified in writing. This service agreement is ongoing until either party chooses to terminate it.

Please refer to the NDIS price guide: [www.ndis.gov.au](http://www.ndis.gov.au).

Prices are subject to change in accordance with the NDIS Price Guide.

**On the intake forms, you will be asked to select the option/s that best suits you;**

**NDIA Managed:** The Client has nominated the NDIA to manage the funding supports provided under this Service Agreement. After providing those supports, Rancare Connect will claim payment for those supports from the NDIA.

**Self-managed:** The Client or Nominee has nominated to self-manage the NDIA plan. Rancare Connect will invoice the Client at the end of each month for the agreed period of service delivery. The Participant can pay the invoice by EFT, credit card, cash or cheque within 7 days with the terms outlined in the invoice. If the invoice remains unpaid after 2 weeks, services will cease until payment of all invoices is made.

**Plan managed:** The Client has nominated the Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, Rancare Connect will claim payment for those supports from the Plan Management Provider. The Participant's Nominee can pay the invoice by EFT within 7 days with the terms outlined in the invoice. If the invoice remains unpaid after 2 weeks, services will cease until payment of all invoices is made.





# Fees and Charges

## **NDIS Documentation and Outcomes Reporting**

Each plan period will incur up to 4 hours of documentation and outcomes reporting charges for proposed supports. Additionally, incident reporting and other indirect support work may be charged from time to time. This will be claimed at the social and community participation support category (see your individual quote for details).

## **1:1 Supports Within Groups**

Where a client requires additional 1:1 supports within a group, for example, assistance with self-care activities or additional behavioural/social supports, Rancare Connect will assess the type and frequency of this support, and charge a 1:1 rate for this support (refer to your individual quote for pricing).

## **Out of Pocket Expenses**

Additional expenses that are not included as part of a Participant's NDIS supports are the responsibility of the participant/ representative and are not included in the cost of the supports. Examples include entry costs, food and snacks (This does not apply for camps or short-term accommodation). Any tickets, bookings, or out-of-pocket expenses that Rancare Connect prepays on behalf of a participant, with their consent, must be reimbursed by the participant, regardless of whether they cancel or are unable to attend. By agreeing to these arrangements, participants acknowledge that they are responsible for covering these costs in full, even in the event of non-attendance.

## **In-Program Transport**

Rancare Connect will charge clients for transport costs incurred within programs per day when the program involves Rancare Connect organised transport, i.e., buses and taxis. This fee will be invoiced and calculated based on each client's attendance.

When a client uses public transport, they will be required to bring their travel card (client responsible for having credit) and will not be charged the in-program transport fee.

## **Centre Costs**

The Centre Capital Cost is an additional amount contributing to the costs of running and maintaining a centre. Where relevant, they will be charged per hour per participant in accordance with the NDIS price guide.

## **Additional Activity Costs**

Activities that incur an entry cost (i.e., entry fees) or specific resources to undertake, outside of the standard materials and resources, will be charged per person, per activity, as an out of pocket expense.



# Fees and Charges

## **Participant transport**

Transport costs associated with community participation supports and transport supports are not included in the hourly support rate. This includes the cost of public transport, parking fees, road tolls, taxi fares and kms travelled.

In addition to the worker's time, Rancare Connect charges for travel-related expenses incurred during face-to-face support visits, including:

- Price per km for all km's travelled in a workers' vehicle, during a support with you in the vehicle
- The full cost of other travel expenses, such as road tolls, parking, and public transport fares.

Rancare Connect also pays workers travel between shifts and you may be charged for provider travel time in accordance with the NDIS support catalogue. According to the NDIS support catalogue and price guide, we can claim a maximum of 30 minutes for travel between supports.

## **Non-face-to-face supports and report writing**

Under the NDIS pricing arrangement, providers and participants have more flexibility to agree on Non-Face-to-Face (NF2F) fees that reflect the cost of meeting the individual participant's needs for a group-based support.

For some supports, Rancare Connect can claim for non-face to face activities e.g. developing support plans.

Rancare Connect will not claim for administrative tasks such as scheduling supports, training or submitting claims.



# Fees, Charges and Cancellation

## **GST**

As per Australian Taxation Office and the application of section 38-38 of the GST Act, NDIS items are GST exempt.

For the purposes of GST legislation, the Parties confirm that:

- A supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act), in the Client's NDIS plan currently in effect under section 37 of the NDIS Act;
- The Client's NDIS plan is expected to remain in effect during the period the supports are provided; and
- The Client/Client's representative will immediately notify Rancare Connect if the Client's NDIS Plan is replaced by a new plan or the Client stops being a Client in the NDIS.

## **Changes to this Service Agreement**

The Parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the Parties.

## **Cancellations and "No Shows" for Scheduled Supports – By Client**

Rancare Connect will charge for no-shows as per the National Disability Insurance Agency rules. Our cancellation period is seven (7) clear days' notice prior to the scheduled service. Cancellations are accepted by email, text or phone call.

## **Ending this Service Agreement**

This Service Agreement can be withdrawn at any time with 4 weeks' formal notice. The requirement of notice will be waived if either party breaches this Service Agreement.

Rancare Connect can end this service agreement with notice if the service required by the participant is deemed to be out of scope.

## **Ending this Service Agreement – No Notice Required**

Rancare Connect can end this Agreement without notice if:

- An invoice remains unpaid after 28 days
- The health and safety of our staff or other participants is at risk
- We deem that the participant requires support from us that is out of our scope
- Your NDIS Plan is reviewed and the supports provided under this Agreement are no longer part of the Plan

You may also end the Agreement without notice if your health and safety is at risk from the supports we provide or there has been an ongoing failure by us to provide the agreed supports.



# Rancare Connect Service Agreement

## This service agreement is for

Client (Participant) Name:

Full name of participant who is a Client in the NDIS - National Disability Insurance Scheme

NDIS Number:

## And is made between the client (above)

and their nominee/ representative/ parent/ guardian (if applicable)

## and the provider Rancare Connect Pty Ltd

Contact name: Narelle Penny and Jodie Mutimer

Phone: 0423 202 370/ 0400 524 631 | Email: admin@rancareconnect.com.au

Website: rancareconnect.com.au

Address: 5/1889 Frankston -Flinders Road Hastings VIC 3915

Postal address: 5/ 1889 Frankston – Flinders Road Hastings Vic 3915

## Service Agreement Duration

Start Date:

End Date: Until terminated by either party

This Service Agreement is made for the purpose of providing supports under the Client's National Disability Insurance Scheme (NDIS) plan.

Do you agree to provide Rancare Connect with a copy of the your/ the Client's NDIS Goal's page to ensure the support provided is effective? ☐ Yes ☐ No

## The parties agree that this Service Agreement is made in the context of the NDIS, which aims to:

- Support the independence and social and economic participation of people with disability.
- Enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

## Agreement Signatures

The Parties agree to the terms and conditions of this Service Agreement.

Participant Name

Participant Signature

Date

Name and signature of guardian if participant is under 18 and/ or representative/ support person

Date

Name of Director

Signature - Director

Date

This Service Agreement is based on the standards and practices in place at Rancare Connect and complies with relevant Australian laws and regulations.



# Policies and Procedures

The policies and procedures can be found in the participant handbook located on the website; [www.rancareconnect.com](http://www.rancareconnect.com) and at HQ

Please tick that you have read and understood the following policies

These policies and procedures need to be signed before commencement.

Participant  
Support Person

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Feedback, Complaints and Advocacy Policy                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Right to Access an Advocate Policy                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Privacy and Confidentiality Policy and Procedure                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant Consent Policy and Procedure                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Culture, Diversity, Values, and Beliefs Policy and Procedure      |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant Safeguarding Policy and Procedure                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Bullying and Harassment Policy and Procedure                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported Decision Making Policy and Procedure                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication Management Policy and Procedure                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Costs and Cancellation Policy and Procedure                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Management Policy and Procedure                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Health and Safety Policy and Procedure                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention and Control of Infectious Disease Policy and Procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Rancare Connect Bus Policy and Procedure                          |

By signing below, you confirm that you have read, understood, and agree to adhere to the above policies and procedures.

Participant Name

Participant Signature

Date

Name and signature of guardian if participant is under 18 and/ or representative/ support person

Date

# Participant Responsibilities

**Responsibilities of Participant and their Support Person**

The Participant and their support person agrees to:

- Inform Rancare Connect about their preferences for how supports should be delivered to meet their needs
- Discuss any concerns about the supports with Rancare Connect
- Notify Rancare Connect immediately if there is a change in their plan manager, NDIS plan, or any other information that may affect invoicing
- Participate in external audits as required, or opt out in writing by notifying Rancare Connect via email or letter
- Provide the required notice if they need to end the Service Agreement
- Inform Rancare Connect if they are unable to attend a service or a scheduled meeting
- Seek support if they require assistance to understand this document

**Participants and their support person are expected to:**

Participants and their support person are expected to:

- Take responsibility for the consequences of their decisions
- Actively participate in the service
- Show respect for staff, peers, and the property of Rancare Connect
- Be punctual and maintain personal hygiene to the best of their ability for the health and safety of people around them. We can support you in this area if required
- Provide accurate information about themselves
- Advise Rancare Connect of any changes to personal details (contact number, address, etc.)
- Treat the Provider, staff, and other participants with courtesy and respect
- Use technology responsibly. This includes being aware of your surroundings, listening to instructions, and removing headphones as required for safety reasons
- Keep mobile phones in bags during educational and travel programs (except during breaks) to avoid distractions. Rancare Connect
- Take full responsibility for personal devices. Rancare Connect is not liable for any lost, damaged, or stolen technology.

**By signing below, you confirm that you have read, understood, and agree to adhere to the above expectations and responsibilities.**

_____	_____	_____
<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
_____	_____	_____
<b>Name and signature of guardian if participant is under 18 and/ or representative/ support person</b>		<b>Date</b>



# Participant Intake Form

## Participant Details

Participant Name			
Participant Gender		Date of Birth	
Participant Phone Number		Email	
Participant Address			
Participant Nationality		Living arrangements	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
Language spoken at home		Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Companion Card Number		Expiry	
Concession Card Number		Expiry	
Disability Support Pension Number		Expiry	
Disability Parking Permit Number		Expiry	

Guardian, representative or nominee name			
Relationship		Phone Number	
Email address			

## NDIS funding details

NDIS Number		Copy of plan supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
NDIS Plan approval date		NDIS Review Date	

Please tick the option/s that best suits you;  
☐ NDIA Managed | ☐ Self-managed | ☐ Plan managed

Name of Registered Plan Management Provider:

Email address for invoices:

# Participant Intake Form

Is there a Guardianship and/or Administration order in place? ☐Yes ☐ No

**For participants under the age of 18 years of age, under guardianship or in the care of family or caregivers please complete the table below:**

Name of Parent/Guardian/ Representative or support person	
Relationship to participant	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver  <input type="checkbox"/> Other _____
Contact Number	
Residential Address (if different from participant)	
Postal Address: (if different from participant)	
Email address	



# Participant Intake Form



**Emergency Contact Details**

Emergency Contact Name	
Relationship to participant	
Contact Number	
Residential Address (if different from participant)	
Postal Address (if different from participant)	
Email address	

Secondary Emergency Contact Name	
Relationship to participant	
Contact Number	
Residential Address (if different from participant)	
Postal Address (if different from participant)	
Email address	







# Participant Intake Form

Medical Details

Private Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your membership Number:	Expiry	/ /
Medicare Number		Reference Number	
Doctor Name		Doctor Phone Number	
Hospital preference			
Do you take Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	Do you require medication assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Medication Consent Form	
Disability / Medical Conditions including any diagnosis if relevant.			
Triggers – What situations or events may trigger a reaction, and how do you typically respond?			
Do you have a Behaviour Support Plan (BSP) or Positive Behaviour Support (PBS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the BSP		
Do you have any behaviours of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		

Please affix more pages if required

# Participant Intake Form



### Alerts

If you have been prescribed an adrenaline autoinjector (like an EpiPen) due to a diagnosed allergy that could potentially trigger a severe allergic reaction you **must provide an anaphylaxis action plan**. You may be required to have your medication with you before undertaking certain activities. If you have been diagnosed with asthma or epilepsy you **must provide your asthma or epilepsy action plan**. **Please also provide any other medical care plans.**

Asthma or Epilepsy	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes, Asthma</div> <div><input type="checkbox"/> Yes, Epilepsy</div> <div>If yes, please provide Asthma and/or Epilepsy Management Plan</div>
Diagnosed Allergies	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes, I am allergic to</div> <div></div> <div>If yes, please provide Anaphylaxis Management Plan</div>
Reactions and intolerances	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes, I react to, or am intolerant of:</div> <div></div> <div>My reactions are:</div> <div><input type="checkbox"/> Mild (ie bloating and discomfort)</div> <div><input type="checkbox"/> Moderate (ie headaches, swelling)</div> <div><input type="checkbox"/> Severe (ie vomiting, extreme pain)</div> <div>Reaction Management:</div> <div><input type="checkbox"/> I am independent in managing my allergies/ reactions</div> <div><input type="checkbox"/> I require support to manage my allergies/ reactions</div> <div>Please provide further information:</div> <div></div>
Do you have any other medical care plans in place?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>If yes, please provide a copy of your plan</div>



# Participant Intake Form



**Safety**

<p>How would you describe your swimming ability?</p> <p>This will help us determine the equipment and support ratio required for water activities</p>	<div><input type="checkbox"/> 1. Non-Swimmer – Unable to float or tread water; may have a fear of water and lacks basic water safety knowledge.</div> <div><input type="checkbox"/> 2. Beginner Swimmer – Can float with assistance and perform basic movements (e.g., kicking, paddling) but may need support or flotation devices.</div> <div><input type="checkbox"/> 3. Intermediate Swimmer – Can float and tread water independently, swim short distances using basic strokes, and has moderate confidence in deeper water.</div> <div><input type="checkbox"/> 4. Advanced Swimmer – A proficient swimmer who can swim long distances and is comfortable in various water conditions, including open water.</div>
<p>How do you handle interactions with strangers to ensure your safety?</p> <p>At Rancare Connect we aim to support you to engage with the community as independently as possible, while keeping you safe.</p>	<div><input type="checkbox"/> 1. Requires Full Support – Needs assistance in public to stay safe when interacting with strangers.</div> <div><input type="checkbox"/> 2. Cautious &amp; Prefers Familiarity – Prefers to stay close to familiar people and is cautious when interacting with strangers.</div> <div><input type="checkbox"/> 3. Mostly Independent – Can handle most interactions with strangers but prefers knowing support is nearby if needed.</div> <div><input type="checkbox"/> 4. Confident &amp; Aware – Can access the community independently, identify trusted people for help, and only requires support for other reasons.</div>





# Participant Intake Form



Safety

How do you navigate roads and traffic to ensure your safety?	<div><input type="checkbox"/> 1. Requires Full Supervision – Unaware of road rules and needs constant guidance.</div> <div><input type="checkbox"/> 2. Needs Some Supervision – Understands basic road safety but requires reminders and monitoring.</div> <div><input type="checkbox"/> 3. Mostly Independent – Follows road rules, is safe in familiar areas, and benefits from occasional checks.</div> <div><input type="checkbox"/> 4. Fully Independent – Navigates all environments safely without supervision.</div>
Is there anything else we should be aware of to ensure your safety or the safety of those around you? (Feel free to affix extra pages if you require more room)	

About you

Likes, hobbies, interests	
Dislikes	
Religious and cultural requirements	



# Participant Intake Form

**Personal Requirements**

Mobility Notes/ Requirements	
Continent Notes/ Requirements	
Communication Notes/ Requirements	
Hearing Notes/ Requirements	
Vision Notes/ Requirements	
Cognition Notes/ Requirements	
Dietary Notes/ Requirements	
Physical Assistance Notes/ Requirements	
Other Considerations	



# Participant Intake Form

**Goals and aspirations**

What are your goals? Please tick any suggestions and write your own in the boxes below

- ☐ Explore new experiences and activities
- ☐ Learn to navigate public transport
- ☐ Find a job and gain work experience
- ☐ Learn to budget and manage money
- ☐ Become more independent with daily living skills (cooking, cleaning, self-care)
- ☐ Make new friends
- ☐ Attend social activities
- ☐ Improve my fitness, health, and mental well-being
- ☐ Build confidence in social situations and communication
- ☐ Learn to self-advocate
- ☐ Get my driver's licence

What are your short term goals?	
What are your long term goals?	
Is there anything specific you would like support to do, achieve or learn?	

Please email us a copy of your NDIS goals page

# Consent to Share Information with your Support Network

**Permission to Discuss Information with Your Support Network**

We respect your right to privacy and will not share any information you provide to us, or our observations about you, with your support network unless you give us permission.

Do you consent to Rancare Connect staff discussing matters related to you with your support network (e.g., support person, parents, guardians, representatives, or advocates)? ☐ Yes ☐ No

When we believe you are in serious danger we do not need your permission to have discussions about you with your support network or relevant authorities.

**Details of support person, parent, guardian, representative or individual with whom Rancare Connect may discuss details about you**

Name	
Relationship to participant	
Phone	
Email	

Name	
Relationship to participant	
Phone	
Email	

_____	_____	_____
<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>

_____	_____	_____
<b>Name and signature of guardian if participant is under 18 and/ or representative/ support person</b>		<b>Date</b>

# Consent to Share Information

**Permission to contact other Service providers, work placements, training organisations and other relevant parties**

Sometimes Rancare Connect staff may need to talk to other service providers about you, such as support coordinators, plan managers, other disability services, General Practitioners, emergency responders, specialists, Allied Health Professionals (OT, Speech and Psychologist) or work placements and training organisations.

Do you consent to Rancare Connect staff contacting other service providers work placements, training organisations and other relevant parties in relation to you?

☐ Yes ☐ No

**Other service providers you are currently using**

Name	
Service	
Phone	
Email	

Name	
Service	
Phone	
Email	

Name	
Service	
Phone	
Email	

_____	_____	_____
<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
_____	_____	_____
<b>Name and signature of guardian if participant is under 18 and/ or representative/ support person</b>		<b>Date</b>



# Support Plan Acceptance

I, \_\_\_\_\_ (participant) and if applicable, my nominated representative \_\_\_\_\_, confirm that I have been actively involved in the development of this Intake Form and Support Plan. I agree with the goals and services outlined. I agree with the Schedule of Support provided in the form of a quote.

Rancare Connect has provided me with the Participant Handbook, including the chapter on Rights and Responsibilities, and I confirm that I understand this document.

I consent to the information contained in my Support Plan, Service Agreement, and Intake Forms being shared with those involved in the development and implementation of my plan, including my support workers.

I consent to Rancare Connect contacting my Medical Practitioner and/or Pharmacy for information related to my healthcare, including medications.

I consent to Rancare Connect keeping a current photograph of me on file for use in case of an emergency.

I understand that my personal and health records are stored securely and kept confidential. These records are maintained in accordance with the Health Records and Information Privacy Act 2002, which requires:

- Health information collected while I was an adult to be retained for seven (7) years from the last time I received a health service.
- Health information collected while I was under the age of 18 years to be retained until I reach 25 years of age.

I understand that these records are owned by Rancare Connect and will only be accessed by staff who require them to carry out their duties. I have the right to request access to my records and obtain a copy if needed. Records will be stored and archived according to policy and procedure.

I acknowledge that if Rancare Connect has not been informed of a specific health directive, clinical support plan, treatment plan, or resuscitation order, attending staff will follow standard emergency procedures. This includes providing first aid, contacting emergency services and my emergency contact, and notifying the relevant office and manager.

I understand that Rancare Connect can only honour specific medical instructions if they have been formally communicated to the organisation.

_____	_____	_____
<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
_____	_____	_____
<b>Name and signature of guardian if participant is under 18 and/ or representative/ support person</b>		<b>Date</b>



# Participant Consent

### Media Consent

Do you give consent to Rancare Connect to use your photograph, video, and audio recordings for promotional and educational purposes?

☐ Yes ☐ No

By agreeing, you understand that these materials may be used in various media, including print, online, and social media platforms.

### General Care Product Administration Consent

Do you consent to Rancare Connect staff administering and/or supplying the following care products as needed? Nappy Creams, Sun Screen Creams, Mosquito Repellents, Moisturiser, Deodorant, Shaving Cream, Deodorant, Band-Aids/ bandages or other Personal Products (such as hairspray, body wash etc),

☐ Yes ☐ No

This does not include the administration of Prescription Medications.

### Transport Consent

Do you give consent for Rancare Connect staff or approved third parties to transport you for program-related activities?

☐ Yes ☐ No

By agreeing, you acknowledge that:

- You may be transported in Rancare Connect or third-party vehicles.
- You agree to follow all safety procedures, including wearing your seatbelt at all times and avoiding any distractions to the driver.
- In the event of an emergency, Rancare Connect may arrange transport (e.g., ambulance) if required.
- Rancare Connect is not liable for incidents that occur during transport beyond their duty of care.

### Prepaid Expenses Consent

Do you acknowledge that any tickets, bookings, or out-of-pocket expenses prepaid by Rancare Connect on your behalf, with your consent, must be reimbursed by you, even if you cancel or are unable to attend?

☐ Yes ☐ No

By agreeing, you understand that these costs remain your responsibility regardless of attendance and must be repaid to Rancare Connect.

Participant Name

Participant Signature

Date

Name and signature of guardian if participant is under 18 and/ or representative/ support person

Date



# Medication Plan and Consent

This Medication Plan and Consent Form provides detailed information about the medications you require support with, the type of support needed, and consent for Rancare Connect staff to assist.

## Medication Support

Do you require support with managing medications while attending Rancare Connect services? (Please tick all that apply.)

- ☐ No, I do not require any medication support.
- ☐ No, I take my medications outside of regular service times.
- ☐ No, I store and transport my own medications and manage them independently.
- ☐ Yes, I need support with medications during all services.
- ☐ Yes, I need support but only during extended activities (e.g., overnight camps).

If your medication requires sharps disposal or is a scheduled medicine, we will work with you to create a detailed medical plan.

I, \_\_\_\_\_ (Client/Authorised Representative), hereby give permission and my full consent for Rancare Connect staff to assist with medication management as detailed on the following page.

Rancare Connect supports participants to be independent with self-administering medication. **I acknowledge that Rancare Connect requires all medication to be supplied in blister packs or original packaging with the pharmacy label attached.** Rancare Connect can not assist participants with any unlabeled medications. Rancare Connect staff will administer the medication as per instructions and are not responsible for any errors (including incorrect packaging or dose recommendations) or any side effects that may be caused by the medication.

If the participant chooses to self-administer medication, Rancare Connect takes no responsibility for any errors or missed medication. It is the responsibility of the participant, parent, or guardian to inform Rancare Connect of any changes to medications.

The consenting party agrees to allow the Rancare Connect staff, who are appropriately trained and qualified, to carry out the above medication support or assistance as per the pharmacist's/medical practitioner's instructions and on the medication packaging.

Please contact us if you require a detailed medical management plan.

**Please list all known side effects and the steps to take in the event of an incident involving the medication/s**

Medication	Side Effects

Please affix more pages or the Consumer Medicine Information (CMI) sheet/s



# Medication Plan and Consent

Participant Name	
Assistance required	<input type="checkbox"/> Remind/ Prompt <input type="checkbox"/> Open <input type="checkbox"/> Apply <input type="checkbox"/> Administer
Medication Supply	<input type="checkbox"/> As per blister pack <input type="checkbox"/> In original pharmacy packaging
Are any of these medications ‘Scheduled medicines’?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the medications listed below require sharps disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of medication	Time (AM/ PM, PRN, TDS)	Dose	Assistance required
			<input type="checkbox"/> Remind <input type="checkbox"/> Open <input type="checkbox"/> Apply <input type="checkbox"/> Administer
			<input type="checkbox"/> Remind <input type="checkbox"/> Open <input type="checkbox"/> Apply <input type="checkbox"/> Administer
			<input type="checkbox"/> Remind <input type="checkbox"/> Open <input type="checkbox"/> Apply <input type="checkbox"/> Administer



Participant Name

Participant Signature

Date



Name and signature of guardian if participant is under 18 and/ or representative/ support person

Date

Name of Director

Signature of Director

Date

# Work ready programs

## Kick Start Program

If you're participating in a job readiness program or would like Rancare Connect to support you with work experience or employment opportunities, we'd love to help! To make the process smoother with our employment partners, work experience providers and employers, we'd appreciate it if you could fill in the details below. Providing the details below is optional, but it may assist us in connecting you with opportunities more quickly.

I \_\_\_\_\_ consent to my details being shared with employment partners, work experience providers and employers.

**Centrelink Customer Reference Number (CRN)** A CRN is 9 numbers and ends with a letter. You can find your CRN on letters from Centerlink or on your concession card, if you have one.

☐ I don't have one ☐ Yes, the number is \_\_\_\_\_

**Income details** Such the Disability Support Pension (DSP)

**Diagnosed Disability**

**Email address for work related correspondence** Please ensure you have access to this email address so staff can assist you with sending emails while at Rancare Connect

**Working with Children Check** Some roles require a working with Children's Check

☐ I don't have one ☐ Yes, the number is \_\_\_\_\_ Expiry \_\_\_\_\_

**Unique Student Identifier (USI)** A USI is your individual education number for life

☐ I don't have one ☐ Yes, the number is \_\_\_\_\_

**Medicare number** Your Medicare number is the 10-digit number that appears above your name on your Medicare card. Please include your reference number.

☐ I don't have one ☐ Yes, the number is \_\_\_\_\_ Ref No \_\_\_\_\_ Expiry \_\_\_\_\_

**Identification Documentation** Such as a passport, Driver's Licence, Learner Permit or Proof of Age Card. You may be required to supply 100 pts of ID. More information can be found [here](#). Some employers also require a birth certificate. Documentation attached ☐ Yes ☐ No

**Tax File Number (TFN)** Your personal reference number in the tax and superannuation systems.

☐ I don't have one ☐ Yes, the number is \_\_\_\_\_ Expiry \_\_\_\_\_

**Superannuation Fund Details**

- The full name of your super fund. \_\_\_\_\_
- The fund's Australian Business Number (ABN) \_\_\_\_\_
- The Unique Superannuation Identifier \_\_\_\_\_
- Your member number \_\_\_\_\_
- A letter confirming the fund is a complying fund and can accept contributions. ☐ No ☐ Yes

**When you are employed, your employer will ask for your bank account details for payroll.**