*This form is utilised as a form of agreement to ensure that you understand and acknowledge your rights and responsibilities of receiving care and services from Nurturing Hands Allied Health P/L.*

PARTICIPANT/GUARDIAN/REPRESENTATIVE DETAILS:

|  |  |
| --- | --- |
| Participant First Name:  |  |
| Participant Surname:  |  |

(If applicable)

|  |  |
| --- | --- |
| Guardian/Representative First Name:  |  |
| Guardian/Representative Surname:­ |  |

PARTICIPANT/GUARDIAN/REPRESENTATIVE ACKNOWLEDGEMENT:

By agreeing and signing the following acknowledgements, I understand the below.

* My Privacy and Confidentiality rights and Nurturing Hands Allied Health P/L’s legal obligations with respect to sharing information.
* My rights and responsibilities, including my right to access a support person of my choice, such as an advocate, in the duration of receiving care from Nurturing Hands Allied Health P/L.
* The services Nurturing Hands Allied Health P/L offers as well as additional support services available.
* The way in which to access, re-access or leave the services of Nurturing Hands Allied Health P/L.
* Charter of Participants Rights and Responsibilities.
* The terms and conditions that may apply to service provision.
* I have completed and submitted all of my required Participant forms, and the information is a reflection of true and lawful facts. If any changes to the given information has occurred, I will notify Nurturing Hands Allied Health P/L.
* The cost and fees associated with receiving services from Nurturing Hands Allied Health P/L, the expected period of time and the specific fees that are charged, what the fees cover, and the process of distributing fees to my postal address.
* I am aware of the process for lodging a complaint, compliment and feedback, including all relevant of information regarding fees and costs.

|  |  |
| --- | --- |
| Full Name of Authorised Personnel: |  |
| Signature of Authorised Personnel: |  |
| Date: |  |
|  |
| Full Name of Participant or Representative |  |
| Signature of Participant or Representative: |  |
| Date: |  |