

## GROUP REGISTRATION & SERVICE AGREEMENT

Participant Details		
Participant Name:		
Date of Birth:	NDIS Number:	Phone Number:
Address:		
Email:		
Cultural Status: <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Cultural other:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Described (please specify):		
Pronoun Preferences:		
Diagnosis:		
Other health or medical conditions:		
Does the Participant have a companion card: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian/Plan Nominee Details		
Full Name:	Relationship to Person:	
Address:		
Phone:	Email:	
Funding Details		
<input type="checkbox"/> <b>Your plan is AGENCY FUNDED</b>  For those parts of your plan that are <b>agency funded</b> : We will invoice the NDIS directly for payment.		
<input type="checkbox"/> <b>Your plan is PLAN MANAGED</b>  <b>Name of plan manager:</b> <b>Contact Details:</b>		
<input type="checkbox"/> <b>Self Managed</b>  Will be invoiced for the term		

### Emergency Contact Details

Primary Contact		Secondary Contact	
Full Name:		Full Name:	
Phone:		Phone:	
Relationship:		Relationship:	
Ambulance Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In the event of illness or injury what would you like PAHS staff to do? <i>i.e., administer first aid, comfort and call mum</i>			
<b>In the event of serious illness or injury PAHS staff will call 000. PAHS staff will use discretion and call if they believe it is warranted.</b>			

### Authority to collect

Full Name:		Full Name:	
Phone:		Phone:	
Relationship:		Relationship:	
<i>PAHS staff are required to view photographic identification prior to a participant being collected at the end of groups and participants will only be released to parents, caregivers or those nominated on this form.</i>			

### Information about the Participant

Number one motivator:	
Number one dislike:	
Other areas of interest:	
Fears or phobias:	
Do they have any triggers? <i>i.e., sensory or behavioural</i>	
Calming Strategies:	



**Please answer the following questions about any support requirements:**

**Please be honest with your answers, as this information will assist us to ensure the participant succeeds and is kept safe.**

Requirement	Please provide specific information
Does the participant have a Behaviour Support Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If 'yes' please provide a copy</i>
Behavioural: Any challenging behaviours?	
Running/Absconding: Do they run, flee or try to escape?	
Bathroom: Do they require prompting or specific help?	
Food Likes & Dislikes: Any food intolerances?	
Swallowing issues? Any concerns with eating and drinking?	
Any Allergies? <i>i.e.</i> , Bee stings, nuts, animals, plants	
Sensory Requirements? <i>i.e</i> overwhelmed with loud noises/ bright lights?	
Animals: Are they afraid of animals?	
Mobility: Concerns with walking, uneven surfaces, stairs etc?	
Transport: motion sickness, removing seat belts, interfering with the driver.	
Is the participant currently taking any medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please be specific:</i>

Do they require assistance with taking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please be specific:</i>
Do they have a medical action plan: <i>Anaphylaxis, asthma, diabetes, other.</i> Please provide a copy	
Communication: <i>Do they use a device?</i>	
How do they generally respond in groups?	
Additional Information: <i>Is there anything else we should be aware of?</i>	

PAHS tries to ensure that all participants can attend our groups, we have a duty of care to ensure everyone is kept safe. If a participant may require a \*risk assessment either a phone or clinic interview may be requested to make sure we have all relevant information.

\*Participants who require a risk assessment will generally require a one-on-one mentor, please sign to acknowledge that you will be charged the hourly rate of \$62.85 per mentor, additionally to the group price. *An additional extra 15 minutes will be charged to the NDIS plan for the mentor to complete case notes, as per NDIS requirements.*

Signature:

### Group Selection

Please indicate the group/s you would like to register for below. **Please note:** registrations are not final until the participant's suitability has been determined. If further details are required we will be in contact with you. Once finalised you will receive an email confirming your bookings.

DATE & TIME	GROUP/ACTIVITY	LOCATION	NDIS COVERED COSTS	OUT OF POCKET COSTS
<b>April 18<sup>th</sup> – 22<sup>nd</sup></b>				
<input type="checkbox"/> Mon 18 <sup>th</sup> April	PUBLIC HOLIDAY			
<input type="checkbox"/> Tues 19 <sup>th</sup> April 10am – 12pm	Cooking Group	FARM	\$116.32	\$10.00
<input type="checkbox"/> Tues 19 <sup>th</sup> April 1pm – 3pm	Farmer for the arvo	FARM	\$116.32	N/A
<input type="checkbox"/> Wed 20 <sup>th</sup> April 10am-3pm	Urimbirra Wildlife Park & Victor Harbour	CLINIC	\$123.30	\$32.50
<input type="checkbox"/> Thurs 21 <sup>st</sup> April 10am – 12pm	Zone Bowling	CLINIC	\$64.37	\$15.90
<input type="checkbox"/> Thurs 21 <sup>st</sup> April 1pm – 3pm	Inflatable World	CLINIC	\$62.87	\$17.00
<input type="checkbox"/> Fri 22 <sup>nd</sup> April, 10am – 12pm	Sensory Arts and Crafts	CLINIC	\$116.32	\$10.00
<input type="checkbox"/> Fri 22 <sup>nd</sup> April, 1pm – 3pm	Minecraft	CLINIC	\$116.32	N/A

April 25 <sup>th</sup> – 29 <sup>th</sup>				
DATE & TIME	GROUP/ACTIVITY	LOCATION	NDIS COVERED COSTS	OUT OF POCKET COSTS
<input type="checkbox"/> Mon 25 <sup>th</sup> April	PUBLIC HOLIDAY			
<input type="checkbox"/> Tues 26 <sup>th</sup> April, 9am – 12pm	West Beach Mini Golf	CLINIC	\$93.28	\$15.00
<input type="checkbox"/> Tues 26 <sup>th</sup> April, 1pm – 3pm	Minecraft	CLINIC	\$116.32	N/A
<input type="checkbox"/> Wed 27 <sup>th</sup> April, 10am – 12pm	Palaeontologist Group	FARM	\$116.32	N/A
<input type="checkbox"/> Wed 27 <sup>th</sup> April, 1pm – 3pm	Farmer for the arvo	FARM	\$116.32	N/A
<input type="checkbox"/> Thurs 28 <sup>th</sup> April, 11am – 2pm	Wallis Cinema	CLINIC	\$89.12	\$15.00
<input type="checkbox"/> Fri 29 <sup>th</sup> April, 10am – 12pm	Cooking Group	FARM	\$116.32	\$10.00
<input type="checkbox"/> Fri 29 <sup>th</sup> April, 1pm– 3pm	Farmer for the Arvo	FARM	\$116.32	N/A

### Photographic Release

The Participant, and/or their Primary Carer/Guardian/Nominated Plan Representative, authorise, acknowledge and release the following:

- For **Pearson Allied Health Services** to publish photographs, video footage, first names and likenesses of the Participant and their Nominated Plan Representative (*if applicable*) taken during the course of PAHS programs and services, including, but not limited to, the following:
  - Group programs; therapy services; mentoring and community access services; and employment support programs.

I acknowledge that I have read the 'Photographic Release' and give my permission for photographs, film and video in which I or participant under my legal guardianship appear to be used for the publications and public relations activities of **Pearson Allied Health Services**.

Signature:

Date:

### Terms and Conditions

#### Cancellations

If you can no longer attend one of our group programs, we ask for as much notice of the cancellation as possible. As per the NDIS Price Guide cancellations made within 48 hours' notice before 9am the day of the group will be **charged a cancellation fee of 100% of the scheduled session cost. All cancellations must be made in writing via emailing [support@pahs.com.au](mailto:support@pahs.com.au).**

### **Pick-Up Details and Late Pick-Up Fees**

To ensure participants safety we require that each participant is individually signed in and out with the group facilitator. If you are going to be late please call the clinic 8322 2792 or if afterhours contact 0447 063 536. Due to the operational and staffing costs incurred, when a parent/guardian is over 10 minutes late, a fee will be charged to your NDIS plan.

### **Additional Support Costs**

Additional costs may apply dependant on complexity related to the participant and this will be discussed with you and if agreed upon the mentor will be charged from your NDIS plan at the hourly rate of \$62.85.

An additional 15 minutes will be charged to the NDIS plan for the mentor to complete case notes.

If a participant has a Positive Behaviour Support Plan or is in the interim of getting one a mentor will be required.

If a participant has complex behaviours a 2:1 mentor may be required.

### **Costs**

NDIS covered costs for our groups will be drawn from the Participants CB Daily Activity funds if therapy lead or from Core supports.

## **Acknowledgement**

*I, the participant or legal guardian, hereby certify that I have read this Groups Registration section and I understand the content of this document.*

*Signature of Guardian:*

Full name of Guardian:

Date:

## **1. SERVICE AGREEMENT:**

The purpose of this Service Agreement is to agree and document the individualised supports chosen by the participant or their representative and to set out the terms and conditions. This agreement is a legal contract between PAHS and the participant.

## 2. OUR VISION, MISSION & VALUES:

Our mission is to provide quality allied health services in southern Adelaide that exceeds participants expectations, utilising a holistic client-centered approach while meeting all legislative and regulatory requirements. In addition to being governed by our professional codes of conduct we also align ourselves with the NDIS Code of Conduct. Our core underpinning values are on our website: [www.pahs.com.au](http://www.pahs.com.au)

## 3. NDIS CODE OF CONDUCT:

Pearson Allied Health Services is bound by the NDIS Code of Conduct. Further information on the NDIS Code of Conduct can be found at the NDIS Commission's Code of Conduct page. <https://www.ndiscommission.gov.au/workers/ndis-code-conduct>

## 4. RESPONSIBILITIES:

### Pearson Allied Health Services will:

- Provide you with a brochure which outlines your Rights and Responsibilities which is also available on our website
- Ensure you understand how to provide us with feedback and that you can call on 8322 2792 or email the management team at [feedback@pahs.com.au](mailto:feedback@pahs.com.au) or send a letter to 4/378 Main South Rd, Morphett Vale SA 5162. Alternatively, you can also contact the NDIS directly by phone, email or visit their website for further information. You can call the NDIS on 1800 800 110, email [feedback@ndis.gov.au](mailto:feedback@ndis.gov.au) or access the website at: <https://www.ndis.gov.au/contact/feedback-and-complaints>.
- PAHS will provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and Rules, and the Australian Consumer Law. PAHS will protect confidential information and adhere to the Privacy Act 1988 (Cwlth) and the Information Sharing Guidelines developed by the Ombudsman SA. These govern the collection, use and storage of personal and/or sensitive information, including written and verbal information
- Treat the participant with respect and communicate openly and honestly.
- Keep accurate records of supports (shift reports) and issue regular invoices.
- Ensure the participant understands the cancellation policy.

### Responsibilities of the Participant:

- Talk to Pearson Allied Health Services if you have any concerns about how your supports are being provided
- If you have any concerns or feedback, please fill in our feedback form or directly raise your feedback with our staff. Our feedback form is in our welcome pack. You can also email [feedback@pahs.com.au](mailto:feedback@pahs.com.au).
- Provide us with a copy of the goals of your NDIS plan and the invoicing details.
- Let us know how they want supports provided to best meet participant's needs and goals.
- To give the required (one month) notice to end the service agreement.
- To immediately let PAHS know if the participant has a new plan or is no longer an NDIS participant.



## 5. COMPLAINTS AND FEEDBACK:

- Pearson Allied Health Services recognises that clients and their carers have a right to provide feedback to our staff, management and director to raise suggestions, resolve disputes and commend good performance. We encourage all clients to speak up when they are not happy.
- *We agree to listen to all feedback & resolve issues in a timely manner.* If you wish to give us feedback or make a complaint, you can use our feedback form (this is available on our website; in prominent positions in our office and can also be emailed out to you) or provide this information by email to [feedback@pahs.com.au](mailto:feedback@pahs.com.au), telephone, letter or make a time to meet in person. You can call us on 8322 2792 or send a letter to 4/378 Main South Rd, Morphett Vale SA 5162.
- Alternatively, you can also contact the NDIS directly by phone, email or visit their website for further information. You can call the NDIS on 1800 800 110, email [feedback@ndis.gov.au](mailto:feedback@ndis.gov.au) or access <https://www.ndis.gov.au/contact/feedback-and-complaints>.

**6. GOODS AND SERVICES TAX (GST):** For the purposes of ensuring the supply of NDIS supports under this Agreement is GST-free, 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 NDIS Act, in the Participant's NDIS plan currently in effect under section 37 of the NDIS Act
- they will immediately notify Pearson Allied Health Services if the Participant's NDIS Plan is replaced by a new plan or the Participant stops being a Participant of the National Disability Insurance Scheme (NDIS).

**7. CHANGES TO THIS SERVICE AGREEMENT:** If significant changes to the supports we provide are required, the parties agree to discuss the changes and review the Schedule of Supports and if necessary, amend this Service Agreement or provide a new quote.

**8. PROGRAM OF SUPPORTS AND CANCELLATIONS:** In signing this service agreement you have entered into an agreement for a program of support, this means we can claim against your plan as though you have attended (whether or not you did) - as long as the group has been delivered.

## 9. ENDING THIS SERVICE AGREEMENT:

If you would like to end this service agreement, you must provide notice, in writing, to [karen.pearson@pahs.com.au](mailto:karen.pearson@pahs.com.au). If services provided are for more than 15 hours per week that the participant must provide one month's notice (or 28 days). If services are under 15 hours per week the participant must provide 14 days written notice. Unless there is a serious breach of this Service Agreement when notice may be waived.



## 10. PRIVACY AND CONFIDENTIALITY:

The collection, holding, use and disclosure of personal information by Pearson Allied Health Services is protected by the Privacy Act (1988) and the National Disability Insurance Scheme Act (2013).

- Personal Information is gathered from the participant, and includes: Legal name, date of birth, NDIS number, address, who is residing at the address, phone contact details and email addresses.
- Diagnostic and health information (as defined under the Privacy Act), including details about your disability, physical health, and mental health
- Participants' support needs and goals
- Details of legal guardianship and NDIS plan nominees
- Feedback and/or complaints about services provided by Pearson Allied Health Services and other NDIS providers

At times it will be necessary to discuss the participants support needs and/or provide written summaries or guidance to workers and providers involved in providing those supports.

This could include (but is not limited to): medical practitioners, allied health professionals, schools, OSHC, day care centers, kindergartens, day options programs, activity programs, Short Term Accommodation (STA) or support workers; the NDIS and NDIS Quality Safeguards Commission; emergency and mental health services. This agreement provides us with consent to do this at our discretion. Otherwise, information that we gather will be kept confidential and secure unless disclosure of this information is required by law (this would include a Court order).

Our staff are mandated notifiers under the *Children and Young People (Safety) Act 2017*. We must report to the Department of Child Protection if we have a reasonable suspicion that a child is being harmed, abused or neglected. More information on mandatory reporting of child abuse can be found at the Department for Child Protection's website.

We must report the death, abuse or neglect, serious injury or unlawful sexual or physical contact that occurs with an NDIS participant to the NDIS Quality and Safeguards Commission. More information on these obligations can be found on the NDIS Commission website.

We must also regularly report the use of restrictive practices in relation to an NDIS participant to the NDIS Commission. We must also provide to the NDIS Commission a Behaviour Support Plan that contains restrictive practices. More information on these obligations can be found on the NDIS Commission website.

Consent can be withdrawn at any time. Pearson Allied Health Services will ensure this process is easy and accessible, and explain the possible consequences of consent being withdrawn, which may include termination of a provided service.

## 11. NDIS QUALITY AND SAFEGUARDING COMMISSION REQUIREMENTS:

In November 2020, the NDIS Quality and Safeguard Commission introduced new requirements for providers. Compliance with these requirements mean: conducting risk assessments, implementing strategies and monitoring results for participants who live alone and only have one support worker

working with them. For the sake of safety and to ensure we are meeting the requirements of the participant, we also complete additional paperwork for complex clients who may have challenging behaviours or other psychosocial factors such as mental health issues.

## 12. SERVICE AGREEMENT SIGNATURES

Participant or Guardian/Plan Nominee

I, understand, accept and agree to the information outlined in this Service Agreement. I understand that the group will be billed under a program of supports. Either party can cancel by providing 2 weeks written notice.

Name/Date

Signature: