

## Service Provider Checklist

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The following information is required from organisations entering into a brokerage arrangement with Sunbury and Cobaw Community Health for the provision of service to home care package clients.

Please complete this form and mail and email to: [hcp@scchc.org.au](mailto:hcp@scchc.org.au)

Or post to: Home Care Packages  
Sunbury and Cobaw Community Health  
PO Box 218, Sunbury VIC 3429

For any questions please call: Tel: 9744 4455

### Definitions

- Organisation:** The service provider organisation named in this document.
- Contact Person:** The organisation staff member who may be contacted in regard to the information provided in this document.
- Authorised Representative:** The person authorised to provide information and sign this document on behalf of the organisation.
- Sunbury and Cobaw  
Community Health:** The approved home care package provider. Sunbury and Cobaw Community Health Centre is a business name of Sunbury Community Health Centre Ltd.

### Organisation Details

Organisation: Name \_\_\_\_\_

Address \_\_\_\_\_

ABN \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Position \_\_\_\_\_


Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a sole trader?  Yes  No

How many employees does your organisation have? \_\_\_\_\_

## Service Details

List the service(s) provided by the organisation (eg. personal care, gardening, home maintenance) including price information.


 Please provide a copy of your service brochure and/or fee schedule where applicable:

## Compliance

Does the organisation have systems in place to ensure the following processes and documentation can be provided:

That all service staff have a current National Criminal History Check (police check)?  Yes  No

 Please provide a current original National Police Check OR


 Complete a Statutory Declaration confirming that police checks are current and maintained for all staff within your organisation

That National Criminal History Checks are renewed at least once every three years?  Yes  No

That any collection, storage, use and/or disclosure of personal or sensitive information is conducted in accordance with the Australian Privacy Principles and the Victorian Health Privacy Principles?  Yes  No


That staff maintain professional registration (if required by law)? (for example, AHPRA registration)  Yes  No

Registration number: \_\_\_\_\_

 Please provide proof of current relevant registrations

That the organisation complies with all applicable employment and contractor legislation, including but not limited to the Fair Work Act 2004 and the Work Health and Safety Act 2011?  Yes  No

That all staff are vaccinated against COVID-19 or have valid proof of medical exemption?  Yes  No

 Please complete a Statutory Declaration confirming that the organisation holds proof of vaccination (such as COVID-19 Digital Certificates) or medical exemption for all staff.

That the organisation has a COVIDSafe Plan outlining how the business meets Victorian State Government requirements?  Yes  No


## Insurance

Does the organisation maintain:

Public & products liability insurance?  Yes  No If Yes, \$ amount

Professional indemnity insurance?  Yes  No If Yes, \$ amount

Workcover insurance?  Yes  No

 Please provide a copy of certificate of currency for each insurance held

Certificate of currency provided  Yes  No

## Invoicing

Does your organisation have systems in place to ensure that services are invoiced following the

Australian Home Care Packages operational guidelines?  Yes  No

## Declaration by Authorised Representative

I, (name) \_\_\_\_\_ (position) \_\_\_\_\_

am an Authorised Representative of (organisation) \_\_\_\_\_

and declare that the information provided in this document is correct at the time of signing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Terms and Conditions

As the Authorised Representative of (organisation) \_\_\_\_\_

I understand and agree to the following terms and conditions:

- There is no promise of business between Sunbury and Cobaw Community Health and the organisation.  
*That is, there is no promise that Sunbury and Cobaw Community Health will engage the organisation to provide service to clients.*
- There is no promise of exclusivity between Sunbury and Cobaw Community Health and the organisation.  
*That is, Sunbury and Cobaw Community Health may seek services from a range of service providers and may not deal exclusively with the organisation named in this document.*
- The organisation will not subcontract service delivery to another individual or organisation unless prior agreement is obtained in writing from Sunbury and Cobaw Community Health.
- If requested, the organisation will provide Sunbury and Cobaw Community Health with evidence of the accuracy of information provided in this document.
- The organisation will immediately inform Sunbury and Cobaw Community Health if any person directly involved in this Agreement or associated client service with Sunbury and Community Health has a criminal history, as indicated on a National Criminal History Check (Police check), an overseas equivalent or is charged with a criminal offence that may still be pending. Sunbury and Cobaw Community Health reserves the right to direct the organisation to immediately cease service provision by such an employee for work covered under this Agreement, regardless of the outcome of any internal assessments the organisation may have undergone.
- Service delivery staff will not accept or request payment in any form directly from a Home Care Package client. Sunbury and Cobaw Community Health will pay for services only upon receipt of a correctly rendered invoice.
- The organisation will inform Sunbury and Cobaw Community Health, as soon as practicable, if there is a change to any of the information provided in this document.

Authorised Representative: Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only (Initial and Date)**

Form completed \_\_\_\_\_ Fee Schedule provided \_\_\_\_\_ Entered into eSA \_\_\_\_\_

Yes in all boxes \_\_\_\_\_ Cert of Currency provided \_\_\_\_\_ Scanned \_\_\_\_\_