



Declaration of Service Agreement Compliance

Organisation:

Compliance period:

I the undersigned, in my capacity as of
..... declare that has
complied with the terms and conditions, and delivered the contracted services, of the
Service Agreement, as read with the General Provisions by:

1. Ensuring that all staff, volunteers, management and Board members have a current Police Clearance. The Department of Communities, Disability Services (Disability Services) policy is that a person’s clearance be renewed every five (5) years.
2. Ensuring that all relevant staff, volunteers, management and Board members have a current Working with Children Check. The Disability Services policy is that a person’s clearance be renewed every three (3) years.
3. Having the following insurances current (please complete details in table below):

Mandatory insurances	Insurer	Policy number	Insured amount	Expiry date
Public Liability Insurance (minimum \$10 million)				
Public and Product Liability Insurance				
Professional Indemnity (minimum \$5 million)				
Workers’ Compensation including common law liability of \$50 million				
Motor Vehicle Third Party Liability				



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Optional insurances (if applicable)	Insurer	Policy number	Insured amount	Expiry date
Personal Accident for Volunteers				
Health Care Practitioners Liability				
Directors and Officers Liability				
Association Liability				
If you do not have any mandatory insurances noted above, please provide details of any variances below (or attach if required):				

.....
Signed,

Date:

1. Please email the signed completed form to funding@dsc.wa.gov.au
2. Reporting forms can be found at <http://www.disability.wa.gov.au/disability-service-providers-for-disability-service-providers/>