



Declaration of Service Agreement Compliance

Organisation: Enter organisation name

ABN: Enter the ABN

Compliance period: Enter financial year or specific timeframe

I the undersigned, in my/our capacity as Enter job title of Enter organisation name declare that Enter organisation name has complied with the terms and conditions, and delivered the contracted services, of the Service Agreement, as read with the General Provisions for the Purchase of Community Services by Public Authorities 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, where applicable (please complete details in the table below).

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

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

Enter signature

Signed, Enter job title

Date: Enter the date

1. Please email the signed completed form to funding@communities.wa.gov.au
2. More information on [reporting requirements](#) can be found online.