



Declaration of Service Agreement Compliance

Organisation: Enter organisation name

ABN: Enter the ABN

Compliance period: 1 July 2019 – 30 June 2020

I the undersigned, as an authorised representative of **Enter organisation name** (Organisation), declare that the Organisation has complied with the terms and conditions, and delivered the contracted services, of the Service Agreement(s) between the Disability Services Commission t/a Department of Communities (Disability Services) and the Organisation, as read with the [General Provisions for the Purchase of Community Services by Public Authorities October 2018 Edition](#) (General Provisions) by:

1. Ensuring that all staff, volunteers, management and Board members have a current Police Clearance. The 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. Ensuring that the Organisation has considered the seven disability access outcome areas below, and to the extent practical, implemented the Department of Communities Disability Access and Inclusion Plan (DAIP).

Outcome One - People with disability have the same opportunities as other people to access services and events.

Outcome Two - People with disability have the same opportunities as other people to access buildings and other facilities.

Outcome Three - People with disability receive information in a format that will enable them to access information as readily as other people are able to access it.

Outcome Four - People with disability receive the same level and quality of service from staff as other people receive.

Outcome Five - People with disability have the same opportunities as other people to make complaints.

Outcome Six - People with disability have the same opportunities as other people to participate in any public consultation.

Outcome Seven - People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

4. 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	Enter text	Enter text	Enter text	Enter text
Professional Indemnity	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
Public and Product Liability Insurance	Enter text	Enter text	Enter text	Enter text
Association Liability	Enter text	Enter text	Enter text	Enter text
Please provide details below of any additional insurances not listed above, or provide detail of any variances in insurance details (or attach if required):				
Enter text				

5. Notifying Disability Services of any operational, financial, strategic or governance risks that could impact the Organisation's capacity to meet the conditions of the Service Agreement(s). Under the Service Agreement(s) and the Clauses 14, 15 and 16 of the General Provisions, the Organisation must notify Disability Services of contract risks including, but not limited to, Notifiable Incidents and any legal action being taken against the Organisation. These obligations are continuous throughout the term of the Service Agreement(s).
6. Acknowledging that the Organisation is required to comply with the access and record requirements of the Service Agreement(s) in accordance with Clause 6 and Clause 12 of the General Provisions. I understand that Disability Services reserves the right to request evidence in relation to this declaration.

Signed: _____

Enter name

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.