



Declaration of Service Agreement Compliance

Organisation: [insert name of organisation]

Compliance period: [insert financial year or specific timeframe]

I the undersigned, in my capacity as [insert title] of [insert name of organisation] declare that [insert name of organisation] 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 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 Department for Communities, Disability Services policy is that a person's clearance be renewed every three (3) years.
3. Having the following insurances current (please complete details):

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

Optional insurances (if applicable)	Insurer	Policy number	Insured amount	Expiry date
1. Personal Accident for Volunteers				
2. Health Care Practitioners Liability				
3. Directors and Officers Liability				
4. Association Liability				

Yes/no

If no, please find detailed the variances with explanatory notes below (or attached if required).

Explanatory note (if required):

.....
Signed, [Insert title]

Date:

Please email the signed completed form to funding@dsc.wa.gov.au

Reporting forms may be found at <http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/reporting-requirements/>