



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 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 Commission’s 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 Commission’s 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	Exclusions (if any)
1. Public Liability Insurance (minimum \$10 million)					
2. Professional Indemnity (minimum \$5 million)					
3. Workers’ Compensation including common law liability of \$50 million					
4. Motor Vehicle Third Party Liability					
Optional insurances (if applicable)	Insurer	Policy number	Insured amount	Expiry date	Exclusions (if any)
1. Personal Accident for Volunteers					
2. Health Care Practitioners Liability					
3. Directors and Officers Liability					
4. Association Liability					

YES

NO

If no, please provide an explanation (or attach if required).

Explanation (if required):

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Signed, [Insert title]

Date:

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

Reporting forms may be found at www.disability.wa.gov.au > Disability service providers