

## Disability Services Booking Form

Client Details (Person receiving services)				
Name		DOB		
Address				
Suburb		Post Code		
NDIS No.		Mobile No		
Emergency contact name		Phone No		
Email client/contact				
Facility/Site/Group Home Details (if applicable)				
Facility name				
Facility address				
Suburb		Post Code		
Facility contact name		Phone No		
Client Service Details <small>(Confirmed on booking)</small>				
Services required ✓	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Nursing care
	<input type="checkbox"/>	Social Support	<input type="checkbox"/>	Respite
Client Status ✓	<input type="checkbox"/>	Mobilizes independently	<input type="checkbox"/>	Vision impaired
	<input type="checkbox"/>	Uses a wheelchair	<input type="checkbox"/>	Hearing impaired
	<input type="checkbox"/>	Single person hoist	<input type="checkbox"/>	Double person hoist
	<input type="checkbox"/>	Alert and oriented	<input type="checkbox"/>	Memory loss
	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Behavioural challenges
Support Plan ✓	<input type="checkbox"/>	Attached	<input type="checkbox"/>	In the home
Funding Type: <input type="checkbox"/> Portal Claim <input type="checkbox"/> Private Invoice required				
Recurring Service required? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SUPPORT COORDINATOR DETAILS				
Name:		Company Name:		
Phone:		Email:		
DECLARATION (Person booking the services)				
<p>I/We confirm that I/We have completed a <b>Memorandum of Understanding</b>, have read and understood the Terms and Conditions and agree to pay for services requested. I/We also advise that the information provided in this form is true and correct, and that the signatory is authorized to complete and sign this form on behalf of the Client.</p>				
Print Name: _____ Signature: _____ Date: _____				

## TERMS and CONDITIONS (Disability Services Booking Form)

1. Please note that hire of the temporary relief *Staff* supplied by **MFH** to the client shall be deemed as acceptance of these Terms and Conditions, which apply to the appointment of *Staff* to be available to perform services at the request and direction of the *Client* as agreed.
2. Minimum booking times:
  1. *Provider Community brokered services*; a minimum booking of 2 hours continual rostered shift (no breaks) will apply.
  2. *Participant Homecare Clients*; a minimum booking of 1 hour service if the service booking is included within a rostered shift of other client services, or a 2 hour service if the service booking is not incorporated within a rostered shift of other client services. Mileage of \$1/km will apply for distance travelled between the first and last service.
3. Cancellation of a booking:
  1. *Provider Community brokered services*; will be accepted up to 2 hrs prior to the shift start time. Less notice will incur full payment of the cancelled service at applicable shift rate.
  2. *Participant Homecare Clients*; Minimum 2 hours notice of cancellation is required. Less notice will incur a cancellation payment of 2 hours at the applicable shift rate if the shift cannot be replaced for the worker rostered.
4. Timesheets for completed bookings (if required) must be emailed to [timesheets@myflexhealth.com.au](mailto:timesheets@myflexhealth.com.au) by 0900 every Monday morning.
5. If applicable service charges may also include staff mileage costs, equipment and consumables plus 10% invoice handling fee for purchases if applicable.
6. **MFH** will provide to the *Client*:
  1. *Staff* members with identification, uniforms, mandatory checks and clearances, COVID-19 and influenza immunisation, relevant qualifications and other necessary information (except specific requirements from *Clients*);
7. The *Client* will:
  1. Allocate positions, direct, control and supervise the *Staff* for the duration of the assignment;
  2. Provide induction and any instruction required for the performance of the requirements of the position allocated;
  3. Advise the *Staff* member/s of their policies, procedures and specific directives as required.
  4. Be responsible for ensuring that, wherever practicable, *Staff* are not exposed to hazards
8. Should an incident/accident occur involving a **MFH** *Staff* member while on duty, the *Client* will notify **MFH** in writing within 24 hours giving details of the event.
9. On request **MFH** will act on report of substandard performance/conduct raised by the *Client*.
10. **MFH** reserves the right to carry out investigations into any incident, accident or any other matter which may give or has given rise to a complaint, charge, prosecution, demand, allegation or claim against the *Staff* or **MFH** and the *Client* shall ensure that its full cooperation is given to **MFH** in regard to any such investigation.
11. The *Client* shall, at all times, at its own cost and expense, observe, perform and comply with all Acts of both Federal and State Parliament ( The Work Health and Safety Regulations 2022) and all regulations, by-laws, ordinances, industrial awards, industrial agreements or orders made there under and the lawful requirements of any government, public municipal or other authority so far as the same may affect or apply to the assignment and services.
12. The *Client* shall indemnify and keep indemnified **MFH**, its directors, officers, employees, *Staff*, contractors and consultants from and against all actions, suits, costs, charges, claims and demands arising out of or relating to the assignment, the services and this contract except to the extent caused by any neglect, default or omission of **MFH** or its employee/s.
13. If the *Client* directly or indirectly engages the *Staff* on a permanent or temporary basis within twelve months of the end of an engagement the Client will pay a full permanent fee of five thousand dollars (\$5000) to MFH under usual payment terms.
14. **MFH** office personnel maintain telephone contact from 0500 to midnight Monday to Sunday and Public Holidays.
15. **MFH** holds Professional Indemnity Insurance covering for breach of duty or contract.
16. All salaries, income tax deductions, casual loading, workers compensation, superannuation and payroll costs for *Staff* are covered by **MFH**.
17. Payment terms are strictly 7 days. Outstanding invoices will attract a 5% surcharge and interest at the rate of 10% pa compound unless other arrangements are made.
18. The rates provided are subjected to change; any changes to the rate listed would be communicated at the earliest to avoid any inconvenience
19. It is the *Clients* responsibility to inform **MFH** immediately when circumstances change with regards to the person responsible for payment of services provided by **MFH** staff. Failure to do so will result in the client being responsible for service payments.
20. All information supplied by **MFH**, either written or verbal, is confidential and is not to be disclosed by the *Client* to any other party without prior consent from **MFH**.

**Please note:**

Forms and documents you may require from **MFH** are located on our website at [www.myflexhealth.com.au](http://www.myflexhealth.com.au)