

Consent Agreement

Participant Name	
Date of birth	

I, on behalf of, Participant of Yumba Bimbi Support Services agree to the following nominated terms and conditions while accessing services delivered by Yumba Bimbi Support Services:

	Yes	No
In the event of a medical emergency , I consent to 000 ambulance being called and/or the nearest doctor/hospital being sought for medical attention. I understand that next of kin will be notified as soon as possible thereafter.	<input type="checkbox"/>	<input type="checkbox"/>
I agree for photographic and video images to be used in Yumba Bimbi Support Services publications and media releases - This may include but are not limited to marketing material, newspaper, TV, Yumba Bimbi Support Service Website, Facebook Page, Instagram, Twitter.	<input type="checkbox"/>	<input type="checkbox"/>
I agree and understand that such images can be used in marketing material for up to 6 months after ending services with Yumba Bimbi Support Services.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I have the right to participate in all decision making and service provision issues relating to me and I understand that I may involve an independent advocate or support person at any stage of negotiating services.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to provide Yumba Bimbi Support Services with up to date contact details for myself and any listed emergency contacts in the event of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is necessary for my Support Coordinator/Plan Manager to contact other agencies or services on my behalf to engage services, make appointments, discuss, or clarify issues as they arise. I consent to staff discussing information relating to my NDIS supports and services on my behalf.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my Support Coordinator/Plan Manager employed by Yumba Bimbi Support Services have a duty of care to me as an individual and legislative obligations with respect to record keeping and documentation, and therefore information may be shared between Yumba Bimbi Support Services and other agencies, eg. NDIS Plan. I consent to Yumba Bimbi Support Services sharing my personal information for the purposes of conducting their work.	<input type="checkbox"/>	<input type="checkbox"/>

If no, I would prefer to be consulted prior to my information being shared to my support services and choose which information I would like shared.	■	■
I consent to my Support Coordinator/Plan Manager employed by Yumba Bimbi Support Services sharing a copy of my NDIS plan with other agencies for the purposes of conducting their work	■	■
I understand that Yumba Bimbi Support Services has a legal requirement to report any observations or allegations of abuse or neglect to Police and other governing bodies such as the NDIS Quality and Safeguards Commission and/or Department of Child Safety. I understand that Yumba Bimbi Support Services has a commitment to the Privacy of each individual and will treat such instances of investigation with respect to confidentiality.	■	■
<p>As a registered provider under the National Disability Insurance Scheme Yumba Bimbi Support Services is required to be audited against the NDIS Practice Standards. The NDIS Practice Standards aims to ensure quality outcomes for people with disability.</p> <p>The Quality Indicators are the way in which providers will be measured against these Standards. The standards and indicators are underpinned by a rights-based approach, choice and control and person-centred practice.</p> <p>As a participant of the NDIS it is assumed that you have already consented to the NDIS to participate in an audit process. This means that an external auditing body may access your personal data and file as well as contact or meet with you to discuss your personal support that you receive from Yumba Bimbi.</p> <p>Do you wish to opt out of the Quality Auditing Process for Yumba Bimbi Support Services?</p>	■	■
Other:		

Agreement Signatures

The Parties agree to the terms and conditions of this Service Agreement.

Signature of [Participant/Participant's representative]	Name of [Participant/Participant's representative]	Date
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