|  |  |
| --- | --- |
| **Service Provider Name** |  |
| **ABN** |  |
| **Primary Contact Name** |  |
| **Phone / Mobile** |  |
| **Email** |  |
| **DCP Case Worker Name** |  |
| **DCP Office** |  |
| **Phone / Mobile** |  |
| **Email** |  |
| **Case Reference** | *First three (3) letters of eldest child / young person and their C3MS number, e.g. ABC500000000* |
| **RSE Status** | *Please specify if this is an Existing client (up to 30 June 2021) or New client (from 1 July 2021).* |
| **Referral Date** |  |
| **Service Estimate Timeframe\*** | *From X / X / X to X / X / X (\*Maximum six (6) months per estimate)* |
| **Children / Young People**  **(subject of referral)** | *Include Name/s and C3MS Number/s* |
| **Family Members**  **(subject of referral)** | *Include Name/s and C3MS Number/s* |

|  |  |
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| **Activity\* (\*Refer to Definitions on Page 2)** | **Estimated Hours** |
| **Direct Service Delivery** | |
| Case work |  |
| Case work outside of core hours |  |
| **Indirect Service Delivery** | |
| Case work preparation |  |
| Attendance at review meetings, as requested by DCP |  |
| Monthly parent progress reports |  |
| Interim and final family reunification reports, as requested by DCP or Crown |  |
| Appearance in court |  |
| Proofing, briefing, and waiting time with Crown Law |  |
| Travel time |  |
| **Non-Service Delivery** | |
| Corporate expenses\* (\*to be included and itemised on final invoice) | N/A |
|  | |
| **TOTAL** |  |

**Additional Requirements**

|  |  |
| --- | --- |
| **Interpreter / Translator** | *Please set out any requirements for an interpreter / translator and include an estimated $ amount (excluding GST)* |
| **Travel** | *Please set out any requirements for regional Travel and include an estimated $ amount (excluding GST), e.g. flights $1,000, accommodation $500, car hire $500, etc.* |

**Signed by:**

|  |  |  |
| --- | --- | --- |
| **Service provider practitioner**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DCP case worker**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DCP supervisor**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Definitions**

*See Attachment 6 – Pricing and Payment of the relevant service agreement*

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| **Case work** | Including, but not limited to, therapeutic parenting intervention, coaching & modelling during parent-child interaction, practical skill development, supporting parents to engage with specialist services, community supports and to access material support. During core hours of 7am to 7pm Monday to Friday. |
| **Case work outside of core hours** | Case work undertaken outside of core hours of 7am and 7pm Monday to Friday (including weekends). |
| **Case work preparation** | Activities that support direct service delivery, including consultation with other service providers and reading background material. |
| **Corporate expenses** | Administrative and infrastructure costs that enable the service to operate, including (but not limited to) contract management reporting. |
| **Direct service delivery** | Including, but not limited to, engagement and development of a professional helping relationship, therapeutic parenting education, modelling and coaching. |
| **Indirect service delivery** | Including, but not limited to, participation in DCP convened review meetings, consultation with other service providers, maintaining case notes. |
| **Travel time** | Between appointments or between office and appointment. Not to include travel from home to appointment or appointment to home. |