

Interchange Respite Care (NSW) Inc.

Leading, Supporting and Enhancing Respite and Social Support Service Provision across NSW



**The Carrington Centre
2 Carrington Square
Campsie, NSW 2194**

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Membership Form

TAX INVOICE

1 July 2009 to 30th June 2010

ABN: 6898-5026-718

Name of Organisation: _____

Contact Person: _____

Street Address: _____

Postal Address: _____

Ph. No. _____ Fax No.: _____

Email Address: _____

2nd. Email Address: _____

Web Address: _____

Local Govt. Areas Covered: _____

Do You Want A Quote For Public Liability Insurance:	Yes.	No.
Is your organisation also a registered training organisation:	Yes.	No.
Do You Have Public benevolent Institution Status:	Yes.	No.

Interchange NSW Region: Metro Hunter Northern Western Riverina South-East

HACC Regions covered: _____

Member of Respite Coordination Group: Yes / No

Name of Group: _____

What other State or Regional Peak Bodies are you a Member of?

What Employers Industrial Body are you are member of? (eg Employers First, Jobs Australia, ABL)?

Funding Program / Funding Source

National Respite for Carers Program
 Home & Community Care
 Mental Health Respite
 Ageing Parent Carers Respite
 Respite for Carers of Young People with Severe Disabilities
 Respite for Young Carers
 Respite for Older Carers of Children with a disability
 Employed Carers
 Overnight for Older Carers
 Disability Services Program
 Stronger Together
 Overnight Respite Cottage
 Any other.

Dept	Tick	Name of Project/Service
(DoHA)	<input type="checkbox"/>	_____
(DADHC)	<input type="checkbox"/>	_____
(FAHSCIA)	<input type="checkbox"/>	_____
(DADHC)	<input type="checkbox"/>	_____
(FAHSCIA)	<input type="checkbox"/>	_____
(FAHSCIA)	<input type="checkbox"/>	_____
(FAHSCIA)	<input type="checkbox"/>	_____
(DoHA)	<input type="checkbox"/>	_____
(DoHA)	<input type="checkbox"/>	_____
(DADHC)	<input type="checkbox"/>	_____
(DADHC)	<input type="checkbox"/>	_____
(DoHA)	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____

Types of Respite:

Host Family	<input type="checkbox"/>	Centre Based Day Care	<input type="checkbox"/>
In Home Respite	<input type="checkbox"/>	Vacation Care	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	CACP's/ EACH / EACHD	<input type="checkbox"/>
Before/After School Care	<input type="checkbox"/>	Carer Respite Centre	<input type="checkbox"/>
Out-of-Home Residential Respite	<input type="checkbox"/>	Individual Support	<input type="checkbox"/>
Respite Brokerage	<input type="checkbox"/>	Respite Packages	<input type="checkbox"/>

Total number of clients you have supported in the last 12 months: _____

Age range of Clients:

0 – 5	5 – 18	19 – 29	29 - 50	50 – 64	65+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average weekly respite hours provided to current clients:

Training Needs identified at Regional Forums 2008	Workers/ Vol		Carers		Workers/ Vol		Carers
	Skills	Gaps	Request		Skills	Gaps	Request
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crisis response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulating personal responses and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative thinking / problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makaton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peg feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative / progressive syndromes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tube feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifter Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART, Protective Assault Response Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Challenging Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent / Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duty of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have access to broadband or ADSL 2 for your internet?

Yes / No

Do you want an induction/orientation program that meet competency standards?

Yes / No

Do you want a job descriptions mapped to staff appraisal and performance management tools that relates to VETAB Competency?

Yes / No

Number of clients with primary (or main) disabling condition

Staffing

<i>Primary Disability</i>	Total	<i>Primary Disability</i>	Total
Intellectual		Sensory	
Physical		Psychiatric/Mental Health	
Acquired Brain Injury		Autism	
Dementia		Frail aged	
Other Definitions you use			

Number of paid full-time staff:	
Number of paid part-time staff:	
Number of paid direct care workers	
Number of volunteers / Host Families	

What Software Program do you use for data collection and MDS purposes.

Unmet Needs

	Yes / No?
Are you at service capacity	
If you have no waiting list, average referrals per month your service is unable to take on.	
How many clients are on your waiting list	
Average weekly respite hours requested by any new such clients	
Number of existing clients your agency supports that require additional respite support.	
Estimated number of clients who really require supported accommodation rather than respite.	
Estimated number of clients who use respite instead of other day programs.	
Average weekly respite hours any such existing clients would require.	

Business Continuity Planning (New Area)

Question	Yes	No
Do you have a business continuity plan in case of loss of staff or facilities		

FEE SCALE		
NO. of Equivalent Full Time Staff 2008 (= Total hours per week divided by 35)		
1 – 2 Staff	\$143 including GST of \$13.00	
3 – 5 Staff	\$220 including GST of \$20.00	
Over 5 Staff	\$330 including GST of \$30.00	
Outlet / Branch of a larger organisation	\$110 including GST of \$10.00	Eligibility: Main office must be a registered member at the rate of \$330.
Please find enclosed our cheque for	\$	* Those services eligible for a discount will be issued a separate invoice. Not applicable for 2009-2010

Please make Cheques payable to: "Interchange Respite Care NSW"

Please return to:

NO LATER THAN 31/08/09

Interchange NSW
The Carrington Centre
Box 3, 2 Carrington Square
CAMPSIE NSW 2194