

## IFSS - Agreement to Participate

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Welcome to the program. We look forward to working with you to develop a plan of support, activities and goals to assist the wellbeing of your family. In order to work together for the best possible outcomes for your family, an *Agreement to Participate* has been developed to enable you and the practitioner to engage in a respectful and effective way in your home. Prior to participating in a service provided by Relationships Australia Queensland (RAQ), we would like to provide you with some important information. Before signing this document please discuss any questions you may have with your Case Worker.

To participate in the Intensive Family Support Services (IFSS) Program means:

- You and your Case Worker will agree to set up regular meeting times. It is important that you are available and prepared to commit for these appointments.
- You and your Case Worker will actively assess and develop a Case Plan according to your family's needs.
- Please advise your Case Worker if there are other people going to be present at the appointment time.
- If you are unable to attend an appointment, please advise Case Worker prior to the appointment. Your Case Worker's Number is: \_\_\_\_\_
- During practitioner visits to your home, violence, threats of violence, swearing and obscene language is not acceptable. *Please note that the practitioner will conduct a Home Visit Risk Assessment prior to their visits to your home.*
- The use of drugs and alcohol are not acceptable during meeting times. If there are signs that you are under the influence of drugs or alcohol the visit will not proceed.
- Smoking is not permitted during the appointment time.
- Appropriate dress is to be worn during meeting times.
- If there is a crisis outside of the Case Worker's regular hours, please contact appropriate services. Practitioner will assist you to compile a list of contacts for these times. Outside core business hours appointments are only available when organised prior to the appointment.
- If you are not happy with the service that you are receiving in the program, please advise your practitioner. Please follow the RAQ Complaints and Feedback Information provided to you with the *Client Agreement and Consent* form if you are uncomfortable discussing with the practitioner.

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### Parent/Carer's Agreement to Participate

I/We, .....

D.O.B: .....

D.O.B: .....

agree to participate in the Intensive Family Support Service with Relationships Australia QLD to provide our family with services and assess our family's strengths and needs.

Signed by Parent/Guardian: ..... Date:

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*Signed on behalf of the following children:*

Childs Name: ..... D.O.B.: .....

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Childs Name: ..... D.O.B.: .....

Childs Name: ..... D.O.B.: .....

Childs Name: ..... D.O.B.: .....

Childs Name: ..... D.O.B.: .....

**ARC Family Number:** .....

### Privacy Notice

- The personal information in this consent form and other family related personal information which you provide to us, will be recorded in a database owned by the Department of Children, Youth and Women (DCYW): Advice, Referral and Case Management (ARC).
- All information in ARC will have authentication and access controls to ensure it is not improperly disclosed, modified, deleted, or rendered unavailable. All users will be restricted on a need-to-know basis.
- The DCYW will not have access to your personal information unless such access is required by law and/or to investigate technical issues associated with ARC's administration.
- Your personal information will not be passed on to any other third parties without your consent, or unless required by law.