

Regular Activities

Does the Focus Person participate in any of the following:

- Work Day Service Sport Church Social Groups
 Art Groups Therapies School Service Clubs

Fees & Finances

Payment of the \$1000.00 membership fee plus GTS will be made by:

- Full payment to PlanNet
 I wish to discuss payment by instalments.
 A sponsorship arrangement Name of sponsor _____
(PlanNET will invoice sponsor)
 I wish to discuss gaining assistance for this.

Monthly network maintenance invoices should be sent to:

- Carer's Address Focus Person's Address Nominated Organisation

If nominated organisation include details below:

Organisation: _____
 Address: _____
 Contact Person: _____ Phone Number: _____

Will the Primary Carer require assistance to add an appropriate contingency clause to their Will? Yes No Unsure

Agreement

Services from PlanNET SA are for the lifetime of my relative and are undertaken willingly in collaboration with the individual and our family. Any work undertaken by the Network is guided by my relative's Person Centred Plan and is conducted in good faith and in the best interest of my relative. Should we require police screening of network members, I will meet the costs (if any) associated with this. Network building and maintenance services attract an hourly rate, which will be invoiced monthly to the nominated party for payment. I understand that within 6 months of gaining PlanNET affiliation, I must supply an extract of my Will, which instructs my Executors to continue PlanNET's association with my relative. I may stop services from PlanNET at any time and will supply written advanced notice of this intention. My membership to PlanNET remains at the discretion of the PlanNET Board of Directors.

Disclaimer

The services of PlanNET SA Ltd are designed and delivered in the best interest of the focus person named. Network composition is determined by the individual and family and may change over time. PlanNET SA endeavours to foster wholesome relationships, and to this end our staff are police screened at the commencement of service as is standard in the Human services Sector.

I understand and accept the above conditions _____ Sign _____
 _____ Date _____