Mamre Association Inc

Family Managed Funds

Support Worker Agreement

This agreement is between the family and the support worker.

Date: / / To be reviewed: / /

Family

Name	Signature	
Address		
Home No:	Mobile No:	
Work cover Insurance no:		Expiry Date:

Support Worker

Name	Signature	
Address		
Home No:	Mobile No:	
Drivers License No:	Copy Attached Y/N	Expiry Date:
Vehicle registration:		
Blue Card No:	Copy Attached Y/N	Expiry Date:
Yellow Card No:	Copy Attached Y/N	Expiry Date:

- ○ Statement by Supplier
- ○ Australian Business Number ABN _ _ _ _ _ _ _ _ _ _ _ _ _
- ○ PAYG withholding

- When using a statement by supplier form or ABN, the worker is responsible for tax.
- The work will not be delegated by the support worker to another person.
- **All information regarding the family must be treated as <u>confidential.</u>**
- Workplace health & safety issues have been discussed and understood by the worker.

Job Description

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The agreed rate of pay per hour is $ _____ to be paid _____
The agreed sum for a particular task (e.g. a weekend) is $ _____
Compensation for vehicle use (or other) is $ _____

The key worker is available to provide <u>advice</u> to both the family and the support worker regarding any issues pertaining to this agreement.

Key Worker

Name	Phone No:

Copy to ☐ Family ☐ Support Worker ☐ Key Worker ☐ HR Admin

For further information on Family Managed Funds see <u>www.mamre.org.au</u>