

Date: _____

Dear External Therapeutic/NDIS Provider,



Nurturing your joy

Childcare | Kindergarten | OSHCare

The request for you to provide support for _____ at _____ has been approved for the following:

DATE SUPPORT STARTS _____ to DATE SUPPORT FINISHES _____

DAYS OF ATTENDANCE AT THE CELC SERVICE: _____

TIME OF ATTENDANCE: _____

LENGTH OF SESSION: _____

Before you can attend you are required to supply the following information to the Nominated Supervisor of the CELC service:

- working with children (e.g. Blue Card) clearance details
- photo identification, such as a valid Driver Licence or Proof of age card
- workers compensation insurance (or personal injury insurance in the case of sole traders undertaking the work themselves)
- professional indemnity insurance for not less than \$2 million per claim
- public liability insurance for not less than \$10 million per claim
- Details of any proposed use of service equipment or materials

You will not be able to attend the service until all the above information is supplied in an email to

EMAIL ADDRESS: _____

As the Provider you must:

- At all times, facilitate communication with the relevant CELC Centre at all times and a nominated contact person in the service maintains documentation as per an agreed communication plan.
- Sign in and out of the Centre on OWNA.
- Attend sessions wearing uniform or appropriate professional identification.
- Providers will not have access to CELC computers, emails or photocopying equipment.

Kind Regards

_____| **Nominated Supervisor**
CATHOLIC EARLY LEARNING & CARE

HEAD OFFICE

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