Sunnysights Independent Living ABN 31 651 264 658

Conflict of Interest Declaration

1. Introduction

1.1 General

When conducting support coordination services in addition to other necessary support for a Client, to ensure that any perceived or actual conflict of interest is managed, Sunnysights Independent Living will:

(1) explain our Conflict of Interest Policy to Clients in a manner that the Client is most likely to understand.

(2) to ensure there is no conflict of interest, when Sunnysights Independent Living proposes to provide services that the Client requires, in addition to support coordination, endeavour to always provide 3 quotes (if possible) from other businesses, in addition to our own. It is then the Client's decision if they would like to choose our support (in addition to support coordination) or go with another provider.

(3) make clear to the Client that their decision to choose an alternative provider will not affect their support coordination services at all, as they operate independently from each other, and that the Client need not be worried about any repercussions.

(4) document, in case notes and/or below, the choice of providers offered to a Client and/or their nominee for each support category where a provider is to be engaged.

(5) document, in case notes and/or below, the rationale for the Client's choice of provider for each support category where a provider is engaged.

(6) where a Client has chosen another Sunnysights Independent Living service for service provision, a request for capacity or quote is documented by the support coordinator in respect of such service proposed to be offered by Sunnysights Independent Living.

(7) provide information to the Client and/or their nominee at the initial meeting of the process for requesting a change in service provider, including support coordination.

2. Declaration by Client

I, ...,
Client name (printed)/Guardian on behalf of Client

have explained the key terms of the Sunnysights Independent Living Conflict of Interest Policy (including the terms set out above) and understand that a conflict exists if Sunnysights Independent Living was to provide support coordination support and other support to me.

Accordingly, I acknowledge, agree and otherwise consent to:

☐ Sunnysights Independent Living providing support coordination support and other support to me, notwithstanding that a conflict may exist

☐ Sunnysights Independent Living providing only support coordination support to me

☐ Sunnysights Independent Living providing only other support to me (and not support coordination support to me)

Signed by the **Client**:

……..……..
Signature

……..……..
Name (please print)

Signed by the **Representative**:

……..……..
Signature

……..……..
Name (please print)

3. Declaration by Sunnysights Independent Living Staff Member:

I declare that I have explained the Conflict of Interest Policy to the Client, including how a conflict may arise in the provision of support by Sunnysights Independent Living.

If Sunnysights Independent Living proposes to provide services that the Client requires, in addition to support coordination, we obtain and provide quotes from alternatives, in addition to our own. The key terms of those quotes, including our own, are set out below:

Relevant support	**Relevant Provider**	**Quote**

Signed for and on behalf
of **Sunnysights Independent Living Pty Ltd**
ABN 31 651 264 658 (Sunnysights Independent Living), by:

……..……..
Signature

……..……..
Name (please print)