

# Homelessness Services Accreditation Application Form

## Form Preview

## Terms and Conditions

\* indicates a required field

### Terms and Conditions for Mobile Service Providers

#### 1. Operational Conditions

- This certificate is only valid for the name stated on the Certificate of Approval and approved nominee's;
- This certificate is only valid for 12 months;
- The certificate holder / approved nominee must:
  - Display the Certificate of Approval at all times;
  - Be located in and around the service delivery location at all times;
  - Produce this certificate upon request by an authorised officer and / or a police officer;
  - Manage antisocial behaviour (If they are appropriately trained and possess the relevant training certificates) or contact the WA Police immediately;
  - Not have volunteers under the age of 18 years;
  - Train all volunteers appropriately and have all volunteers covered by appropriate insurance;
  - Must follow food handling / hygiene guidelines if serving food;
  - NOT impede pedestrian pathways or vehicle clearways;
  - Not park any volunteer vehicles within the site of service delivery;
  - Arrange vehicles on the site as outlined by the City;
  - Encourage people receiving services to leave the site / sites of service delivery once services have ceased;
  - Provide details of all vehicles directly linked to service provision;
  - Notify the City of Perth of changes to vehicles and setup; and
  - Inform the City of Perth of additional equipment they intend on setting up on the site i.e. Marquees.

#### 2. Reporting

- The certificate holder / approved nominee must:
  - complete bi-monthly reporting to the City the Perth;
  - report all incidents to the City of Perth the next working day;
  - report any damage to the City of Perth the next working day;
  - Notify the City of Perth of changes to service delivery prior to implementing the change.

#### 3. Approved Locations, Times and Days

- This certificate is valid for the site as specified on the Certificate of Approval.
- This certificate is only valid for the date, day, time and service type stated on the Certificate of Approval.

#### 4. Insurance

- The certificate holder / approved nominee must:
  - maintain a public liability policy for at least AUD \$10million with a company on the Australian Prudential Regulation Authority (APRA) approved list; and

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- Will assume responsibility for any acts of negligence arising from their activity.

### 5. Maintenance and Cleaning and Waste Management

- The certificate holder / approved nominee must:
- Arrange immediate vehicle removal should a breakdown of vehicle or equipment occur;
- Arrange vehicles as directed by the City of Perth;
- Maintain the site and return to original state once services have ceased;
- Dispose of all domestic waste appropriately the domestic bins provided; and
- Dispose of sharps appropriately using their own sharps disposal units.

### 6. Permit Fee

- There no is permit fee to be an accredited service provider.

### 7. Complaints

- If the City of Perth receives community complaints that are sustained and the service provider does not work with the City of Perth to address the complaint, the City of Perth reserves the right to prohibit the certificate holder / approved nominee from operating within the Public Realm.

### 8. Conduct

- The certificate holder / approved nominee / any persona associated with the approved services is required to comply in accordance with these terms and conditions to both manage the community perception of the Homeless Services Accreditation Process and deliver the highest standard of service delivery to people experiencing homelessness.
- If the certificate holder / approved nominee on more than one occasion, is determined by the City of Perth to be acting in an unprofessional manner, the City of Perth reserves the right to prohibit the certificate holder / approved nominee from future participation in the Homeless Services Accreditation Process.

### 9. Cancellation of Accreditation

- The certificate holder / approved nominees must inform the City of Perth in writing of their intention to withdraw from the Accreditation Process.

For emergencies please contact the WA Police on 000. For CCTV monitoring please contact the Citywatch team on 9461 6611.

For any questions relating to the Accreditation Process please contact the City's Community Services team on 9461 3333 (Monday to Friday, 8am – 5.30pm).

## Essential Criteria - Terms and Conditions

**Is the group/service willing to adhere to the terms and conditions to be a City of Perth Accredited homeless service operating within the public realm i.e clean up afters service delivery has ceased, complete regular reporting? \***

- Yes  
 No

Please refer to the full Terms and Conditions above.

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### Application Not Eligible - Terms & Conditions

Please note you will be unable to proceed with this application

### Applicant Details

\* indicates a required field

#### Applicant Organisation

Organisation Name

#### Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

#### Applicant Primary Address

Address

  

#### Applicant Primary Website

Must be a URL.

#### Project Contact

Title First Name Last Name

#### Project Contact Position

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**Project Contact Email**

Must be an email address.

**Project Contact Phone Number**

## Essential Criteria - Insurance

**Does the group or service have insurance?**

- Yes  
 No

\*

**If yes, what type of insurance?**

Minimum requirement - \$10 million public liability policy

**Please upload proof of insurance:** \*

Attach a file:

## Application Not Eligible - Insurance

Please note to proceed with this application, your group or service will require public liability insurance of \$10 million or more. If you are willing to obtain insurance please contact the City's Community Development team at 9461 3333.

## Essential Criteria - Status

**Is the group or service an incorporated body?** \*

- Yes  
 No

If no, please register your charity or not-for-profit before continuing this application.

**Please upload proof of registration:** \*

Attach a file:

## Application Not Eligible - Status

Please note to proceed with this application, your group or services will be required to be an incorporated body or registered charity before continuing this application.

## Essential Criteria - Staff and Volunteers

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**Are all staff / volunteers / group members engaged by the group or service over the age of 18? \***

Yes  
 No

Application Not Eligible - Staff and Volunteers

Please note that your application will not be able to proceed.

## Desirable Criteria

\* indicates a required field

**Does the group or service align with current food handling standards below?**

**Food Safety (Health Direct) \***

Yes  No  Not Applicable  
<https://www.healthdirect.gov.au/food-safety>

**Temperature control (Food Standards Australia New Zealand) \***

Yes  No  Not Applicable  
<http://www.foodstandards.gov.au/consumer/safety/faqsafety/pages/foodsafetyfactsheets/charitiesandcommunityorganisationsfactsheets/temperaturecontrolma1477.aspx>

**Health and hygiene for food handlers (Food Standards Australia New Zealand) \***

Yes  No  Not Applicable  
<http://www.foodstandards.gov.au/consumer/safety/faqsafety/pages/foodsafetyfactsheets/charitiesandcommunityorganisationsfactsheets/healthandhygieneforf1482.aspx>

**Five keys to safer food poster (World Health Organisation) \***

Yes  No  Not Applicable  
[https://www.who.int/foodsafety/publications/consumer/en/5keys\\_en.pdf?ua=1](https://www.who.int/foodsafety/publications/consumer/en/5keys_en.pdf?ua=1)

**Does the group or service undertake police checks for staff/volunteers/group members? \***

Yes  
 No

**Does the group or service have capacity to provide the intended service for the next 12 months? \***

Yes  
 No

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If no, partnership opportunities with another group or service are encouraged.

You may choose to contact; WACOSS - Community Resilience and Relief on (08) 6381 5300, or Volunteering WA on (08) 9482 4333 to see where the most support is required

**Does the group or service have capacity to meet the City's reporting requirements as outlined in the Terms and Conditions to capture data of how many people were assisted / supported? \***

- No
- Yes

**Does the group or service work in a partnership or understanding with another service or organisation? \***

- Yes
- No

**If yes, please provide additional details: \***

**If no, are you willing to partner or work with another service or organisation? \***

- Yes
- No

**In what capacity?**

**Does the group or service have a risk or incident register or system? \***

- Yes
- No

More information at: <https://www.commerce.wa.gov.au/worksafe>

**If yes, how is this currently captured? \***

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**Does the group or service offer training opportunities to your staff / volunteers / group members? \***

- Yes  
 No

I.e Dealing with Difficult Behaviour, Conflict Resolution, Food Safety Handling

**If yes, what training opportunities or certification does your group or service require or prefer? \***

## Additional Information Required

\* indicates a required field

**What services does the group or service currently offer people experiencing homelessness? \***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aboriginal Services        | <input type="checkbox"/> Drug and Alcohol Assistance | <input type="checkbox"/> Legal Aid                       |
| <input type="checkbox"/> Accommodation Assistance   | <input type="checkbox"/> Employment                  | <input type="checkbox"/> Medical and Health Assistance   |
| <input type="checkbox"/> Case Management Support    | <input type="checkbox"/> Financial Aid               | <input type="checkbox"/> Social Connection and Wellbeing |
| <input type="checkbox"/> Clothing and Bedding       | <input type="checkbox"/> Food Assistance             | <input type="checkbox"/> Youth                           |
| <input type="checkbox"/> Community Outreach Support | <input type="checkbox"/> Hygiene Products            | <input type="checkbox"/> Referral Service                |
| <input type="checkbox"/> Counselling                | <input type="checkbox"/> Laundry / Shower            | <input type="checkbox"/> Other: <input type="text"/>     |
| <input type="checkbox"/> Domestic Violence Support  |  |  |

**Does the group or service undertake roving services? \***

- Yes  
 No

**If yes, please upload details including route, time, dates and services.**

Attach a file:

**How long has the group or service been providing services to people experiencing homelessness in the City of Perth?**

Please provide your answer in years.

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**What days/nights, times and duration does the group currently operate?**

\*

**What site amenities does the group or service require to provide support?**

\*

Example: Access to power

**Does the group or service intend on setting up additional equipment?**

\*

- Yes  
 No  
ie. tables and marquees

**Please provide details of the proposed set up**

**What are the future plans for the group and service?**

\*

i.e. partner with organisations, expand services?

**Please provide the details and registration plate numbers of your vehicles that are directly used in your service delivery:**


Include Registration, Colour, Make, Model, Trailer, Size of Vehicles

**Does your group or service upload and maintain your group or service details on Community Directories?**

\*

- Yes  
 No

**If yes, please advise which Community Directories you current upload and maintain details for.**



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**Please provide any other relevant information regarding your group, service or support: \***

## Certification and Feedback

\* indicates a required field

### Privacy Notice

**City of Perth** pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, [click here](#)

### Confidential Information

Please note that the City of Perth must comply with the Local Government Act in regards to making information available to the general public.

If you have included any confidential information as part of your application, please make this known to the Community Development Officer.

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for accreditation, we will be required to accept the terms and conditions as outlined in the letter of approval.**

**I agree \***

Yes

No

**Name of authorised person**

Title

First Name

Last Name

**Position**

**Phone Number**

Must be an Australian phone number.

**Primary Email**

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Must be an email address.

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback to the City of Perth Community Development team so that we can continually improve our application form and process.

#### How did you hear about this program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> City of Perth website      | <input type="checkbox"/> Referral/ word of mouth | <input type="checkbox"/> Industry forum or publication |
| <input type="checkbox"/> City of Perth social media | <input type="checkbox"/> City of Perth event     | <input type="checkbox"/> Internet search               |
| <input type="checkbox"/> City of Perth newsletter   | <input type="checkbox"/> Advertising             |  |

#### Please indicate how you found the online application process:

- Very easy     Easy     Neutral     Difficult     Very difficult

#### How many minutes in total did it take you to complete this application?

Must be a number.  
Estimate in minutes i.e. 1 hour = 60 minutes

#### Please provide the City of Perth with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

### Application Not Eligible

Please note based on the answers provided, your application is not eligible to proceed to assessment.

To discuss your application, please contact the Community Development Team at the City of Perth on (08) 9461 3333 or email [CMSINBOX@cityofperth.wa.gov.au](mailto:CMSINBOX@cityofperth.wa.gov.au)