

Application to Receive Services at MTS

This document has been created in order to ensure transparency regarding expectations and waiting times to receive services. MoveAbout Therapy Services (MTS) requires new families to review the information below, indicate an understanding and acceptance of our wait times and the services we can offer and agree to our MoveAbout Best Practice Policy should your child require therapy following the assessment.

In order to receive an initial appointment with MTS, families will now be asked to commit to the conditions below. Please read and initial each of the following statements if you would like to receive services at MTS.

____ I have read the *MoveAbout Therapy Services Agreement for Treatment Services* and agree to the terms included with that agreement.

____ I have read the *MoveAbout Therapy Services Cancellation Policy* and agree to the terms and I understand that ALL absences from treatment (whether scheduled or unscheduled) will be considered when calculating the rate of attendance.

____ I have read the *MoveAbout Best Practice Policy* and agree to engage in caregiver sessions at least once per term, minimising cancellations and rescheduling to TeleTherapy where a cancellation cannot be avoided.

____ I have read the *MoveAbout COVIDsafe Policy* and agree to the policies and procedures related to infection control, including not attending the clinic if unwell (aka 'no-sniffle' policy), and adhering to social distancing and health screening practices.

____ I understand that MoveAbout has an extensive waiting list for assessment and then an additional waiting list for therapy services.

____ I understand that the current waiting time for weekly clinic-based therapy during school hours is approximately 6 months.

____ I understand that the current waiting time for weekly clinic-based therapy outside of school hours is approximately 9-12 months.

____ I understand that the above estimates are not guaranteed times but MoveAbout's best estimate of wait times, and that the wait for services could be longer than the above timeframes.

____ I understand that this wait time is likely to be significantly longer where I am unable to be flexible in regard to appointment times.

Name of person responsible: _____ Signature: _____

Name of child: _____ Date: _____