



Partnerships in Care Agreement – Sample

This example partner agreement shows what an agreement might look like. It can be used as a template. It is not necessary to have a partner agreement in place in order to visit aged care services. This document has been created to support aged care providers and individuals where all parties would like to put an agreement in place.

Purpose

To detail the partner agreement between _____ (partner), _____ (resident) and _____ aged care service.

Responsibilities under this agreement:

Partner	<ul style="list-style-type: none"> • stay up to date with infection prevention and control requirements • follow all instructions from the aged care service and their employees when on site, including practicing infection prevention and control • let the service know if you would like to change the agreement
Provider	<ul style="list-style-type: none"> • ensure you support the partner and give them updated information on your requirements • provide clear communication to the partner, particularly if there are disruptions which will impact regular resident and partner visits

Agreement

This agreement commences on _____ (date) and concludes on _____ (date).

This agreement will be reviewed: _____ (date – at least 3-monthly).

Visiting

This Partner Agreement may change at short notice because of changed circumstances like outbreaks, changes in partner circumstances or illness.

Proposed regular partner visiting times and activities are:

Day of week	Time of day	Activity
<i>e.g. Tuesday</i>	<i>4:00-6:00pm</i>	<i>Supporting evening meal eating, and getting ready for bed routine including changing into pyjamas</i>
<i>e.g. Three weekdays</i>	<i>Morning</i>	<i>Range of activities including walking, helping with breakfast, lunch and snacks, activities and cleaning teeth, skin moisturising, neck massage</i>

Endorsement

This partnership in care agreement is made between:

(Resident) Person in care (or authorised representative)

Name _____

Phone / Email _____

Date _____ Signature _____

Partner

Name _____

Phone / Email _____

Date _____ Signature _____

Aged Care Service

Name _____

Phone / Email _____

Date _____ Signature _____

