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| **Contract** |
| **Between** | Click here to enter text.**And**Click here to enter text. |
| **Whereby** | It is agreed as follows:Click here to enter text.engages Click here to enter text.for the provision of the specified services andClick here to enter text.has agreed to provide the services as documented below. |
| **Contract** | Family/Whānau Advisor |
| **Purpose of this role:** | To ensure that **name of service** are responsive to the needs of family/whānau who have experiences with mental health/addiction services as a family member.  |
| **Scope of the role:** | **name of service** |
| **Services to be provided:** |
| **Participation and Advisory** | 1. To advise the Board of Trustees/Directors, Management Team, Health Professionals and Support Workers on family/whānau matters and interests in regards to the organisations strategic direction and service development.
2. To advise family/whānau of relevant networks and of their right to participate in their family members service delivery within the law and guidelines.
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| **Quality** | 1. Provide advice and comment on policy and procedure development and documentation.
2. Attend the Quality Forum/Meeting when requested.
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| **Family/whānau Satisfaction Surveys** | 1. To distribute satisfaction survey yearly to family/whānau that have been identified by the people engaged with our service.
2. To ensure that the surveys provide the service provider with essential information on
	1. the quality of contact with staff
	2. effectiveness of information exchange
	3. support offered/provided
	4. perceived strengths/weakness of the service/organisation
3. To analyse the result of the surveys and advise on service improvement measures.
4. To monitor the implementation of service improvement measures.
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| **Fee’s** | The advisor shall be entitled to be paid for services at the following rate: |
| Board meeting attendance to discuss:* Strategic Planning
* Service Development

Quality Forum/meeting attendance to:* Ensure quality systems and processes are responsive to family/whānau needs
 | $65.00/per meeting incl. documented feedback and comments. |
| Policy/procedure consultation (Dependent on the size and complexity of the document).Negotiation of payment would be confirmed before the task is started. | $20.00-50.00 per document |
| Managing the review of family/whānau satisfaction survey.  | $ 150.00/per yearly review  |
| Staff Interview participation and selection. | $45.00 per interview |
| **Supervision****Mentoring** | Click here to enter text.will be able to attend supervision/mentoring sessions at **name of service** for specified issues. |
| **Confidentiality** | All documents, records, or files, **name of service** business and matters pertaining to people engaged with our service and employee matters, are strictly confidential and are not to be disclosed in any form either during or after termination of this agreement.  |

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| **Conflict of Interest** | Click here to enter text.must not have or acquire any interest (financial, professional or personal) that directly or indirectly is or may be in conflict with the responsibilities or obligations under this Contract.The Family/Whānau Advisor role is not an advocate role and it would be a conflict of interest if those two roles would be performed by one and the same person.  |
| **Reporting** | Click here to enter text.will report on activities on the last day of the month the activity occurred.This report will be submitted to the Manager of **name of service** |
| **Duration of the Agreement:** | Start Date: Click here to enter a date. End Date: Click here to enter a date. |
| **Review of the Agreement:** | Date: Click here to enter a date. |
| **Date** | **Signature of the Family/whānau Advisor** |  |
| **Date** | **Signature of name of service Manager** |  |