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| Redress for Historical Institutional Abuse counselling service |
| Client service plan |

# Purpose

The provider must complete, agree to and sign this service plan before they can start offering services to a client.

If required, one session will be approved to allow completion of the client service plan with a client. No other sessions can continue until this plan has been completed.

The provider must obtain approval from the Redress Counselling Service team and return this plan at least 3 days before sessions can start.

To submit this document, you can download and then:

* type in your information, add an electronic signature and email it to us, or
* print it, write in your information and sign, scan and email to us at redresscounseling@dffh.vic.gov.au.

# Client details

|  |  |
| --- | --- |
| Application number |  |
| Full name |  |
| Date of birth |  |
| State and postcode |  |

# Provider details

|  |  |
| --- | --- |
| Name |  |
| Business or organisation name |  |
| Address |  |
| Email address |  |
| Phone number |  |

# Service plan

Please complete the below table. Note that the proposed frequency of sessions and the total number of sessions must align with the allowance of up to 20 sessions. All details provided should adhere to this limit.

The fee per session must not exceed the service price guide outlined in the Requirements for Service Providers document, published on the [Providing counselling services for Redress for Historical Institutional Abuse](https://providers.dffh.vic.gov.au/providing-counselling-redress)[[1]](#footnote-2).

|  |  |
| --- | --- |
| Instructions | Information about sessions |
| Number of sessions |  |
| Proposed frequency |  |
| Fee per session |  |
| Start date |  |
| End date |  |

# Collection notice for personal information

The department is committed to protecting the privacy of both client and provider. The department collects and handles information in this application for the purpose of assessing the application for a proposed client service plan.

If required or authorised by or under law, the department may disclose the personal information of both client and provider in accordance with the *Privacy and Data Protection Act 2014* and any other relevant laws.

For more information, please [refer to the Privacy Policy](https://www.dffh.vic.gov.au/publications/privacy-policy)[[2]](#footnote-3) on the department’s website.

# Consent and disclosure

Mark an X against each statement to show you understand.

| Statement | Mark X in the box |
| --- | --- |
| I have disclosed past or present associations with institutions participating in the Victorian Redress for Historical Institutional Abuse or the Royal Commission into Institutional Responses to Child Sexual Abuse. |  |
| I will not ask the client to disclose their experience of institutional child abuse to access services. |  |
| I have client consent to discuss the client service plan with department staff. |  |
| I will adhere to the Victorian Government's Supplier Code of Conduct available at the [Victorian Government Purchasing Board website](https://www.buyingfor.vic.gov.au/victorian-government-purchasing-board-vgpb)[[3]](#footnote-4).  Updates and amendments to the code will also be made available at this website. |  |
| I have read and understand the collection notice on page 2. |  |
| I will adhere to the requirements outlined in the Requirements for Service Providers when delivering my services.  I understand that any deviation from these requirements may result in my invoices not being paid or my removal as an approved provider when delivering my services.  I understand that any deviation from these requirements may result in my invoices not being paid or my removal as an approved provider. |  |
| I agree that sessions **will not** commence until this form has been completed, returned and approved by the Redress Counselling Service. **If not returned, payments will not be able to be processed.** |  |

## Additional requirements and agreements

|  |  |
| --- | --- |
| Statement | Mark X in the box |
| I will refer the client with complex needs to appropriate specialists (as required). |  |
| my practice is trauma informed, and I will provide a safe environment that understands and adapts practice to consider the client’s lived experience. |  |
| I will refer the client to additional therapeutic services, if needed, after the service plan is complete. |  |
| I will notify the department if the client withdraws, or absences suggest they no longer want the service. |  |
| I will charge up to the agreed upon rate for the service set out in the ‘Service plan’ section of this document. |  |
| I will provide a tax invoice with details of sessions and rate per session within 28 days of the session (all invoices to be provided by 10 June to allow for end of financial year processing). |  |
| I will charge for Redress Counselling Services independently from health insurance and Medicare (i.e. providers cannot charge the gap fee). |  |
| I will not charge the client a gap fee (i.e., if your regular service fee is greater than the maximum the Service will pay). |  |

## Unattended appointments/cancellations

|  |  |
| --- | --- |
| If billing for unattended appointments or late cancellations, I will provide the department with: | Mark X in the box |
| a copy of my/my organisation’s policy on unattended appointments and late client cancellations |  |
| evidence of the booking, that the client was reminded of the appointment, or that the client cancelled late (required as this will use an available session from the client’s allocation). |  |

## Services

| In providing a service to the client, I will: | Mark X in the box |
| --- | --- |
| consult with the client to determine their preferences and priorities in developing a counselling plan. |  |
| consider the specific needs of the client such as those related to their cultural background, disability, gender preference, sexuality and language. |  |
| provide the client with reminders about appointments and maintain a fair, reasonable and trauma-informed policy for the billing of unattended appointments. |  |

# Signed by provider

|  |  |
| --- | --- |
| Name (print name) |  |
| Signature |  |
| Date |  |
| Business or practice name (print) |  |

# Department approval

| Information required | Mark with an X |
| --- | --- |
| Approved |  |
| Not approved |  |

**If not approved, provide reason and/or required amendments below.**

|  |
| --- |
| (text box will expand) |

## Approver details

|  |  |
| --- | --- |
| **Name of approver:** |  |
| **Title of approver:** |  |
| **Signature:** |  |
| **Date:** |  |

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| To receive this document in another format, phone the Redress team on 1800 716 870 (free call) between 9 am to 5 pm, Monday to Friday or email [victorianredress@dffh.vic.gov.au](mailto:victorianredress@dffh.vic.gov.au).  **Help for people with hearing or speech communication difficulties**  Contact us through the National Relay Service (NRS). For more information about the NRS visit [National Relay Service](https://www.accesshub.gov.au/about-the-nrs) https://www.accesshub.gov.au/about-the-nrs or call the NRS Helpdesk on 1800 555 660.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Families, Fairness and Housing, July 2025.  Available at [Providing counselling services for Redress for Historical Institutional Abuse](https://providers.dffh.vic.gov.au/providing-counselling-redress) <https://providers.dffh.vic.gov.au/providing-counselling-redress> |

1. https://providers.dffh.vic.gov.au/providing-counselling-redress [↑](#footnote-ref-2)
2. https://www.dffh.vic.gov.au/publications/privacy-policy [↑](#footnote-ref-3)
3. https://www.buyingfor.vic.gov.au/victorian-government-purchasing-board-vgpb [↑](#footnote-ref-4)