

PARTICIPANT ORIENTATION CHECKLIST

This checklist is to be checked and signed by participant to confirm that they have the knowledge and understanding of this organisation's processes and procedures.

Participant to √ when they have been informed	and understood each process.
☐ rights and responsibilities	
how to exercise rights	
able to have an advocate of choice	
 choose and control service deliver 	y and life decisions
maintain and strengthen cultural,	spiritual and other identities
participate in community	
 pursue own interests and preference 	nces in short and long term
interpreter access	
☐ Complaints and feedback procedure	
How to make a complaint	
How to give feedback	
How to complete satisfaction surv	eys
☐ Charter of Rights	
☐ Information about the service including	
operating hours and locations,	
our services	
Point of contact – who to contact, contact details	
☐ Information from our organisation on eligibility for service access	
Appropriate resources,	
Prioritisation	
Waiting list management	
Refusal and/or cessation of service	es
☐ Costs	
 Actively engaged in developing planning strategies 	
☐ Advised of holistic, collaborative and strength-based approach, including family	
and carer capacity building strategies	
☐ Informed that have the right to live in safe environment free from abuse	
This organisation has informed me of policies ar	nd procedures relevant to my support plan.
I understand my rights and responsibilities during my time with this organisation	
Participant Name:	
Participant Signature:	Date: / /
Staff member:	
Staff Signature:	Date: /

Document name: YCC Participant Orientation Checklist

Version: 1.1

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