



Rachelle Mortensen

Judie Hind-Roff

Casey Business Centre

Suite 4, 26-28 Verdun Drive, Narre Warren VIC 3805

PO Box 4213, Narre Warren South VIC 3805

Tel: 0433-225-770 Fax: (03) 8790-2089 Email: happyme@happyme.com.au www.happyme.com.au

ABN 86 855 121 008

Medicare Provider 2926764T

Medicare Provider 4071445L

SUPERVISEE DETAILS

Name			
Address			
Home Phone		Mobile	
Email			

EMPLOYMENT DETAILS

Employer			
Work Address			
Work Phone		Mobile	
Position/Title		Qualifications	
Description of Job			
Length of employment			

Preferred contact method/number during business hours

AUTHORISATION DETAILS (Manager to complete)

Name: _____

Contact Phone: _____

Contact Email: _____

Invoices to be sent via (please circle) Email Post Fax

Address for invoices: _____

Please note: all information discussed in supervision will remain private as per privacy policy unless there are issues of risk or safety, or legal requirements.

Approved Supervision Frequency/Type/Hours (please tick approved categories)

Frequency	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Type	Individual	<input type="checkbox"/>	Group	<input type="checkbox"/>	Individual & Group	<input type="checkbox"/>
Attendance Time	Work (9-5pm)	<input type="checkbox"/>	After-hours – 8:30am ONLY available	<input type="checkbox"/>	Skype or Similar (Online/Web)	<input type="checkbox"/>

* Please note: This authorization can be varied at any time, please just send us another signed and dated copy of this form.

I, _____ (Manager Name) of _____ (Organization), have understood the outlined fees for supervision. I agree that I will adhere to the payment of fees, promptly paying all session fees within 7 days upon receipt of invoice, cancellation fees, and late fees as outlined. I also have approved the session frequency, type, and attendance time listed above.

Signed: _____

Date: _____



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SUPERVISION - SCHEDULE OF FEES - ORGANISATION

Payment:	Organizations will be invoiced monthly. Payment via cheque or EFT available. Payment is due within 7 days of the invoice.
Late Fees:	For payments more than 7 days overdue a late fee of \$15 may be charged
Individual Supervision Session:	\$130 per individual session
Group Supervision Session:	<u>Total</u> fee of \$280 per group session (60 to 90 minutes) With maximum of four people
Missed or cancelled sessions: (less than 48 hours notice)	\$50 fee for individual sessions \$80 <u>total fee</u> for group sessions
Direct Deposit/EFT:	Westpac Bank Account Name: Happy Me BSB: 033369 Account Number: 198388 Enter <u>invoice number</u> as description/reference for remittance purposes
Cheques:	Made payable to - Rachelle Mortensen Posted to: PO Box 4213, Narre Warren South VIC 3805
Credit Card Payments:	Not available at this time.
Office location:	Casey Business Centre 4/26-28 Verdun Drive, Narre Warren VIC 3805 Mobile: 0433 225 770