ACare WA
Smart Choice Local Care

ACN 648 778 581 • ABN 65 648 778 581
P: (08) 6831 4500 • **E:** info@acarewa.com.au • **W:** acarewa.com.au
PO Box 718, Denmark, WA 6333

ACWA

CSP2200 - Support Plan Staff Declaration

Purpose

This declaration confirms that the staff member has received and understood the relevant support plan for the individual they are working with. It ensures all support is delivered in line with the documented needs, preferences, and clinical guidance outlined in the participant's Personal Care Plan and Health Plan.

Staff Details

Staff Full Name	Position/Role	Date of Declaration

Participant Information

Plan Type: (Tick One Only)

☐ Personal Care Plan ☐ Health Plan ☐ Both

Acknowledgement

By signing this declaration, I confirm that:

☐ I have read and understood the relevant Support Plan(s).

☐ I have received training (if required) to safely deliver the required supports.

☐ I am aware of the specific risks and preferences outlined in the plan.

☐ I will follow the procedures outlined and seek guidance if unsure.

☐ I will immediately report any incidents, concerns, or deviations from the plan.

Acknowledgement and Signature

Staff Printed Name	Signature	Date

Supervisor/Coordinator Printed Name	Signature	Date