



Programme

Program Name: Indigenous Australians Health

Child Safety Statement of Compliance

Grant and Statement details

Activity ID/s:

4-GZU8FHX Comprehensive Primary Health Care

4-HT49BXQ Comprehensive Primary Health Care - Public Health Team Leader

4-HT4GOG5 Regionalisation (pathways to community control)

Statement type: CB9 Compliance Statement Reporting Start Date: 01/07/2023

Due Date: 30/11/2024 **Reporting End Date**: 30/06/2024

In relation to the above grant,

I make the following statement for the benefit of the Department of Health and Aged Care (the department):

- 1. Having made diligent inquiries, I have reasonable grounds to believe that all Child-Related Personnel working with children on behalf of the organisation in the provision of grant activities under the grant agreement with the department:
 - comply with all relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered; and
 - comply with all relevant legislation in jurisdictions including any child-related schemes and mandatory reporting of suspected child abuse and neglect as required or otherwise defined by state or territory legislation.
- 2. I undertake to ensure that all Child-Related Personnel will continue to comply for the duration of any funding arrangements the organisation holds with the department.
- 3. My organisation has:
 - implemented the National Principles for Child Safe Organisations;
 - ensured that all Child-Related Personnel implement the National Principles for Child Safe Organisations;
 - completed a risk assessment to identify the level of responsibility for children and the level of risk of harm or abuse to children (and will update this risk assessment at least annually);
 - put into place an appropriate risk management strategy to manage risks identified through the risk assessment required (and will update this risk management strategy at least annually);
 - imposed the same child safety obligations on the subcontractor and secondary subcontractors, if required; and

- provided training and established a compliance regime to ensure that all Child-Related Personnel who may interact with children in their provision of grant activities, are aware of, and comply with:
 - (i) the National Principles for Child Safe Organisations; (ii)

the organisation's risk management strategy;

- (iii) all relevant legislation relating to requirements for working with children, including Working With Children Checks; and
- (iv) all relevant legislation relating to mandatory reporting of suspected abuse or neglect.

I make the following statement for the benefit of the department for as of right now and the abo	ve
Reporting Period*:	

Reporting Period*:
☑ I agree to all of the above declarations and confirm all of the above statements to be true
OR
☐ My organisation has not met all the conditions outlined in the statements above.
If non-compliant, please provide details referring to specific requirements in your Child Safe clause:
☑ I warrant that I have the authority to make this declaration on behalf of my organisation*
☐ By including my name in this form it is deemed to be my signature for the purpose of this form*
State your name: Brad Palmer
Sign:

State your position: Chief Executive Officer

Name of the organisation this declaration applies to: Red Lily Health Service

Due Date:* 15/11/2024

*indicates mandatory field