

### Welcome to Durban North Nursing

Here is our booking form and service agreement. Please call Charmaine on 031-5632856 or email her to enquire about our rates: [charmaine@vitalconsulting.co.za](mailto:charmaine@vitalconsulting.co.za). **If you then you decide to use our services**, please kindly complete this booking form and email it to Charmaine or fax to 086 6 85 88 88 or hand deliver to 14 Marlborough Crescent, Durban North. If you wish to come through to our office, please call us first on 031 5632856. We look forward to meeting you!

Please tick relevant boxes for the shifts where you would like to have your caregiver

Hours & rate per shift	Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9-hour Day	07h30 -16h30 or 08h00-17h00							
10-hour Day	07h00-17h00							
12-hour Night	18h00-06h00							
14-hour night	17h00-07h00							
24-hour Care	07h00-17h00 day And 17h00-07h00 night							

\*\*\*Public holiday Discount is for 24-hour care clients only: We only charge a Sunday Rate (time plus half) instead of double the rate usually charged on a public holiday.

Would you like you care-giver to work on public holidays? Yes  No  Sometimes

**\*\*\*PUBLIC HOLIDAYS ARE CHARGED AT DOUBLE THE NORMAL DAILY RATE**  
**\*\*\*MEDICAL AIDS DO NOT COVER THE COSTS OF OUR SERVICES**

### ADDITIONAL CHARGES

#### FIRST ASSESSMENT FEE (once off) this will be added to the first invoice on the 25<sup>th</sup> of the month

This involves a comprehensive assessment by our nursing sister which involves a physical assessment, medical history, drawing up a medication chart, a care plan as well as the staff drop off and orientation. Assessments and drop offs are only done by appointment from Monday to Friday between 07h00 and 15h00.

\*\*\*We do not start any new care over weekends, and this must be started between Monday & Friday giving at least 24 hours' notice.

#### Nursing Care Manager Visits

\*\*\*Please note that all our 24-hour care patients are visited by our nursing sister twice a month at no additional charge. No visits will be done during the December Christmas holidays.

\*\*\*Clients who utilize our services for 3 days/nights per week or more are visited monthly at no additional charge

**THERE WILL BE AN ADDITIONAL CHARGE FOR ANY ADDITIONAL NURSING SISTER VISITS. These can be arranged for Weekdays only between 07h00 and 16h00 and are by Appointment only**

#### REFUNDABLE DEPOSIT

**In order to confirm your booking, you will be required to make a deposit of R2000. The full amount will be refunded to you and deducted off your final invoice. Use the patients surname as a reference please. Please attach proof of payment to this booking form and return it to us. Email: [charmaine@vitalconsulting.co.za](mailto:charmaine@vitalconsulting.co.za)**

Banking details for the deposit: Durban North Nursing PTY (Ltd), FNB, Durban North, Branch Code: 220426, Account Number: 62517623783

DETAILS OF PERSON RESPONSIBLE FOR THE ACCOUNT	
Name:	
Postal Address:	
Identity Number:	
Contact Telephone:	
E-mail address:	
Relation to patient:	
DETAILS OF PERSON WE WILL BE CARING FOR:	
Full Name:	
Name that the care-giver must use to address patient:	
Patient Home Tel:	Cell:
Date of birth:	
Medical Aid and Membership Number:	
Residential Address:	
Diagnosis and reason for care:	
Name of spouse or partner:	
General Practitioner & contact number:	
First Emergency Contact Name & Number:	
Second Emergency Contact Name & Number:	
<p>Would you like your care-giver to administer medication?          If you would like him/her to give medication to the patient, please have a copy of the current script available for the Nursing Sister at the time of the assessment. Compartment medication boxes are preferred.</p>	
Date you wish to start Care:	

**Things you may need to know:**

- Our staff will bring their own meals but we would appreciate you supplying them with tea/coffee. They will take their breaks when it is convenient for the patient.**
- Care-givers are NOT domestic workers or cleaners. They will keep the patients living area, bathroom and toilet clean and tidy, wash dishes for the patient, wash and dry linen and the patients clothing. They do not iron or do any household chores for additional family members.**
- They are responsible for looking after the patient and their personal hygiene, diaper changing, massaging and attending to pressure areas if bedridden, making light simple and nutritious meals if groceries are supplied, assisting with feeding and accompanying them on outings.**
- They are able to assist with simple passive exercises and taking the patient out for a walk. If any additional exercising is required, we recommend that a physiotherapist visits and demonstrates specialized exercises to the care-giver who may then continue these as recommended.**
- They will be happy to serve tea/coffee to the patients spouse and visitors if required.**
- If pet feeding is required please pre arrange this with the nursing sister at the time of the assessment.**
- Although we trust our care-givers we do ask that as a precaution you lock your valuables away.**
- Unfortunately there are times when our staff do get sick or may not be able to reach the patient, if the patient has 24 hour care; we will ensure that the carer does not leave the patient until a replacement has arrived. We will try our very best to have a relief carer delivered to you as soon as possible. If they request a day off, we try our best to honor this and may arrange a relief carer to cover this shift but we will always contact you first to clear this with you.**
- You will not be required to give your care-giver and additional money for transport etc. If you do wish to give them any gifts or money, please let us know as we like keep a record of this.**
- You will not be able to claim from your Medical aid for our services. We do not have a practice number as our employees are caregivers and NOT professional nurses who would be registered with the Board of Healthca**

Initial here:

# HOME CARE SERVICE AGREEMENT: DURBAN NORTH NURSING PTY LTD



(Herein after referred to as "the company")

And

Client Full name: \_\_\_\_\_ (Herein after referred to as "the client") and  
Patient full name: \_\_\_\_\_ (Herein after referred to as "the patient") and  
"The Company" in this agreement shall mean **Durban North Nursing**, its owners, contractors, agents and employees,

Herewith agrees to the following terms and conditions:

### 1. Commencement, Termination and Scope of Service

It is agreed that this care service agreement shall commence on the date of this agreement hereunder and shall terminate upon the Client providing the Company with seven days written notice of intention to terminate such services. Notice thereof shall be emailed to [charmaine@vitalconsulting.co.za](mailto:charmaine@vitalconsulting.co.za)

The client shall remain liable for normal payments of his/her account during and until expiry of said notice period.

*The parties agree that notwithstanding the above this agreement shall be deemed to be terminated by mutual agreement without giving 7 days written notice solely when;*

- 1.1. the patient dies or
- 1.2. the patient 's condition deteriorates to such an extent that he/she, in the opinion of the Company or on written notification by a medical practitioner is in need of hospitalization or medical care of a higher standard than that which this service can provide.

The terms , scope and nature of the service agreed upon and to be provided are limited to and contained in the annexure " DNN-004 Care Terms" which is attached hereto.

### 2. Private employment of Durban North Nursing staff

The Client agrees not to directly or indirectly offer to hire, solicit, request additional hours not stipulated in the nursing agreement (see page 1) or encourage to leave the Company's employment, any employee, consultant, or contractor of the Company or hire any such employee, consultant, or contractor who has left the Company's employment or contractual engagement within six months of the termination of this contract.

### 3. Accounts

The client agrees that all accounts are payable within seven days of the invoice date and that late payments may attract interest on the outstanding amounts. Monthly payments must be made into the following account:

DURBAN NORTH NURSING PTY (Ltd), FNB, Durban North, BR: 220426, Cheque account: 62517623783

### 4. Non Interference

- 4.1 Durban North Nursing shall be solely responsible for the administration of the employee and without reservation that the company shall reserve the right to vary the service, and/or withdraw, exchange or replace or not to withdraw exchange or replace any of its staff/employees and shall not be obliged to provide any reasons for such a decision,
- 4.2 The client agrees that here shall be no interference with company employees on assignment to the client by the client, clients family, guests or other agents and that discipline, administration of and general supervision of the *employee shall be the responsibility of the Company at all times.*

### 5. Waiver of liability

It is further agreed and accepted by the Client that he/she accepts without reservation that he/she will not hold the company, it's owners, contractors and employees in their official and personal capacities, liable for any injury, loss, theft, death or damage to him/herself and property or the person being cared for, whilst and during the duration of this contract or subsequently as a result of any service so provided, howsoever and by whomsoever caused,

### 6. Arbitration and disagreements

It is further agreed and accepted that the client agrees without reservation:

- 6.1 that in the event of the termination of this agreement for whatever reason or any arbitration, such termination or arbitration shall not release the client from any liability for the payment for services rendered up to that point, and
- 6.2 He/she agrees to compensate the company as agreed herein notwithstanding any dispute or disagreement that may arise.
- 6.3 Should the client be in arrears or fail to compensate the company, the Client shall be liable for the legal costs of such civil action necessitated by such failure to pay any outstanding amounts due.

The undersigned have executed this Agreement as of \_\_\_\_\_ of \_\_\_\_\_ (Date) at Durban

Client: Signature

Client Signature

Full Names \_\_\_\_\_

Durban North Nursing Rep

Signature

DNN Rep Signature

Full Names \_\_\_\_\_