

Application form

Please Print

Parent's name:

Address

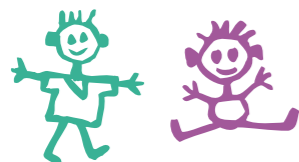
Postcode

Phone number:

Child's name:

Date of birth:

Priority:



Maternal & Child Health Centres

Beamaris

28 Bodley Street 9589 4615

Brighton

145A Cochrane Street 9523 1755

Brighton East

1 Palmer Avenue 9591 0276

Hampton

483 Hampton Street 9521 6401

Hihett

Livingston Street 9532 3219

Sandringham

33 Abbott Street 9521 6405

Maternal & Child Health Coordinator

Bayside City Council Corporate Centre 9599 4403

For more information on the Home Cleaning Service for new parents, please contact Bayside City Council, on (03) 9599 4444.



Home Cleaning Service for new parents



Bayside City Council
Corporate Centre
76 Royal Avenue
SANDRINGHAM VIC 3191

T (03) 9599 4444
F (03) 9598 4474
mchadmin@bayside.vic.gov.au
www.bayside.vic.gov.au

Printed on 100% recycled paper

03/08

What is the Home Cleaning Service?

The Home Cleaning Service is an initiative of Bayside City Council for all new parents living in Bayside to aid their emotional and physical recovery after childbirth.

How do I access the Home Cleaning Service?

Following the birth of your baby you will be offered a home visit from your Maternal and Child Health Nurse. During the home visit the Maternal and Child Health Nurse will explain the Home Cleaning Service to you. If you require this service please complete the:

- tear off application form and
- Income self declaration form.

Once the application form is returned to the Maternal and Child Health Nurse you will receive the necessary vouchers from the nurse. One voucher represents one hour of cleaning. The vouchers are proof of your eligibility for the Home Cleaning Service and should be handed to the cleaner at the end of each visit.

The Maternal and Child Health Administration Officer will contact Grosvenor Cleaning with your details and a cleaner will then contact you to arrange home cleaning.

Bookings and cancellations

Contact Grosvenor Cleaning between the hours of 8.30am and 4pm, by telephoning 1300 856 454.

A minimum of 24 hours notice of cancellation of service is required or a fee will be charged.

Conditions of the service

- The service must be used within 12 months of your baby's birth.
- Your own house cleaning equipment must be used.
- A maximum of 12 hours is available with a minimum booking of two hours.
- The fees are income assessed.
- Monthly accounts will be issued.

Please ensure that:

- Your property is accessible.
- Pets are restrained.
- You have the necessary household appliances in good working order.
- Cleaning products are available to enable the selected tasks to be undertaken.

Please note:

It is your responsibility to inform Grosvenor Cleaning at all times of any potential hazards to workers entering your property or any faulty equipment, highly caustic cleaning products eg. oven cleaner cannot be used.

What tasks are undertaken?

You can select and negotiate with your allocated cleaner an appropriate number of tasks to be completed within the time allocation.

Some tasks to be considered could be:

- Vacuuming, sweeping and mopping
- Cleaning kitchens and bathroom (toilets, floors, baths, showers)
- Assisting with loading/unloading washing machine/hanging washing on the line
- Ironing and/or folding clothing
- Changing bed linen

Fee schedule (effective 1 July 2008)

Income level

As determined by household Income Self Declaration Form

Income level	Hourly rate applicable (incl GST)
Health Care Card Holders and family income less than \$35,000	\$12
From \$35,000 to less than \$50,000	\$18
From \$50,000 to less than \$65,000	\$24
Income over \$65,000	\$37

Income self declaration form

Please indicate the total household taxable income from last year's income tax assessment notice from the Australian Taxation Office. Proof of income may be required.

Tick applicable box

Health Care Card Holders and

- family income less than \$35,000.
- From \$35,000 to less than \$50,000.
- From \$50,000 to less than \$65,000.
- Income over \$65,000.

The information I have provided on this form is a true indication of my financial position and it can be used to set fees for service from the Bayside City Council. I agree to pay the fee as determined on the fee schedule. I understand that this fee can be reviewed from time to time at my request or by the Council. I understand my service may be suspended if fees are not paid.

Signature of Applicant

Date

Health Care Card Number

Office Use Only

Name of Maternal and Child Health Nurse

Referral Date

Collection statement

The personal information requested in this form is collected primarily for the purpose of delivering the service and it will only be shared with those involved in the provision of the service. If you choose not to provide this information we may not be able to deliver the service to you. If you would like more information about Council's Privacy Policy, please contact Council's Privacy Officer on 9599 4444.