

# Country Care Pty Ltd

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## Active Sleepover Form

**Client:** \_\_\_\_\_ **Date:**     /     /

**Carer:** \_\_\_\_\_

Date	Start	Stop	H/M	Details
<b>Active Hours</b>				
<b>Minus 1 hr</b> (Sleepover Allowance)				(not applicable if up on more than 3 occasions)
<b>Total</b> (Rounded to nearest 15 min)				Penalty rate applicable.

I certify that the above duties were performed whilst on approved Client duty.

**Attendant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

(Print)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:**     /     /