

Western Australian Government Physical and Sexual Abuse Indemnity Application

Section 1 - General Information (Service Provider to Complete)

Please email the completed PSA Application Form to PSAIndemnity@communities.wa.gov.au

As a condition of this application please provide a current Uninsurable Risk Notice

1. Service Provider name:

2. Mailing Address:

City:

State:

Post Code:

3. Phone:

Website:

4. Service(s) Provided:

Out of Home Care (OOHC)

Youth Homelessness Accommodation (YHA)

5. Service Provider annual turnover from all revenue sources:

Financial Year	Annual Turnover
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Actual (previous FY)	2024 - 25
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Estimated (current FY)	2025 - 26
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Yes No

6. a) Has the service provider's policy ever been cancelled or not renewed by their insurer?

b) Has the service provider ever been refused insurance for breaching their insurance policy conditions and/or poor risk management?

c) Has the service provider ever had any contract cancelled or terminated due to a breach of service conditions?

If 'Yes' to any of the above, please provide supporting documentation containing further information.

Service Provider Authorised Officer to sign:

Name:

Title:

Date: / /

Signature:

Section 2- Verification (Government Agency to Complete)

7. Please state the overall funding/contract amount for the Service Provider for the current Financial Year:

8. Please provide the estimated number of placements by specific service group (e.g. OOHC-Emergency):

Number of Placements Service Group Type

Government Agency Authorised Officer to sign:

Name:

Title:

Date: / /

Signature: