

Support plan agreement

➤ Employee details

Employee name

Employee position/Job title

Company name

Job location

Job start date

Supervisor/Mentor/Manager name

Supervisor/Mentor/Manager position

➤ Disability Employment Service provider details

DES provider name

Employment co-ordinator/Job co-ordinator:

Phone number

Email

Website



Employment details

Commencement date of support plan:

	Job expectations and responsibilities	Work tasks agreed upon for this support
1		
2		
3		
4		
5		



Support plan details

Phase of employment: (place an 'X' in the most appropriate box)	Actions/Strategies required	Person(s) responsible
<input type="checkbox"/> Job commencement	1.	
	2.	
	3.	
<input type="checkbox"/> Induction period	1.	
	2.	
	3.	
<input type="checkbox"/> Probation period	1.	
	2.	
	3.	
<input type="checkbox"/> Workplace modification	1.	
	2.	
	3.	
	4.	
	5.	
<input type="checkbox"/> Ongoing support	1.	
	2.	
	3.	

➤ Additional information

	Additional support plan requirements:	Frequency of supervision sessions: <i>(daily, weekly, fortnightly, monthly)</i>
1		
2		
3		

➤ Agreement

Agreement date

Date for revision of support plan

➤ Signatures

Employee name

Signature

Employer name

Signature

Supervisor/mentor name

Signature

DES provider name

Signature