MERCY HEALTH HOME CARE STAFF DISCOUNT APPLICATION FORM

This form should be submitted when applying for the Mercy Health staff benefit 10% discount on home care services.

Please complete the below form and return it to your care advisor.

Full name of home care client	
Full name of Mercy Health staff member or volunteer	
Relationship between staff member/ volunteer and client	

I acknowledge that my participation in the Mercy Health 10% discount on home care services is subject to the associated terms and conditions.

This data is collected in line with Mercy Health's Privacy policy, which is available to view at www.mercyhealth.com.au/legal-policy-information/privacy-policy.

Home Care Client Signature: **Date:**

Print Name:

Mercy Health Employee Signature: **Date:**

Print Name:

Compassion   Hospitality   Respect   Innovation   Stewardship   Teamwork