

Victim Quick Response Program+ Counsellor Declaration

Name of Counsellor:	
VQRP+ Client Number:	

Declaration
<ul style="list-style-type: none">• I hereby declare that I have provided counselling sessions to the above client approved by the Victim Quick Response Program+ (VQRP+) on the dates and for the duration recorded on the accompanying invoice.• I understand that VQRP+ does not pay for missed or cancelled appointments, clinical assessments or administrative/preparation costs, and confirm that I have not included any of these on the accompanying invoice.• I confirm that the information contained on the accompanying invoice is accurate and understand that failure to provide accurate information may result in non-payment for services rendered or a requirement to return funds paid in error, and may also disqualify me from receiving further payment through VQRP+.

Signature of Counsellor:	
Date:	

☐ **Electronic Signature:** By checking this box and typing my name in the signature box on the date entered above, I am providing my electronic declaration to the statements listed above.

- ✓ Note: Counsellors also have the option to insert their e-signature into the signature box or to print, sign and scan this document. This form and accompanying invoice should be submitted electronically to VQRP+ in accordance with the instructions outlined in the VQRP+ approval letter.