SERVICE AGREEMENT



a participant in the
e (participant), and is made between:
The Participant's Representative
eg. Parent or Guardian)
E PLAN MANAGEMENT
ence onor the
_to
an Dates)

This Service Agreement is made for the purpose of providing supports under the participant's NDIS plan.

The parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- Enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

Schedule of supports

The provider agrees to provide the participant with **Plan Management Services.**

The supports and their prices are set out in the attached Schedule of Supports. All prices are GST inclusive (if applicable) and include the cost of providing the supports.

Additional expenses (i.e. things that	are not included as part of a Participant	i's		
NDIS supports) are the responsibility	of and			
and are not included in the cost of the				
supports. Examples include entrance fees, event tickets, meals, etc.				

That payment of services/supports provided by other parties/organisations to the participant is the responsibility of the participant if;

- the participant's NDIS funding has been exhausted.
- the service date falls outside the participant's NDIS plan dates
- and if the services/supports are not covered by the NDIS or are above the rate scheduled in the NDIS Price Guide where the difference is to be paid by the participant

Responsibilities of the provider

The provider agrees to:

- review the provision of supports for at least 3 months with the participant
- once agreed, provide supports that meet the participant's needs at the participant's preferred times
- communicate openly and honestly in a timely manner
- treat the participant with courtesy and respect
- consult the participant on decisions about how supports are provided
- give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- listen to the participant's feedback and resolve problems quickly
- give the participant a minimum of 24 hours notice if the provider has to change a scheduled appointment to provide supports
- give the participant the required notice if the provider needs to end the Service Agreement (see '<u>Ending this Service Agreement</u>' below for more information)
- protect the participant's privacy and confidential information
- provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules, and the

- Australian Consumer Law; keep accurate records on the supports provided to the participant
- issue regular invoices and statements of the supports delivered to the participant.

Responsibilities of the participant/participant's representative

The participant/participant's representative agrees to:

- inform the provider about how they wish the supports to be delivered to meet the participant's needs
- treat the provider with courtesy and respect
- talk to the provider if the participant has any concerns about the supports being provided
- give the provider the required notice if the participant needs to end the Service Agreement (see '<u>Ending this Service Agreement</u>' below for more information), and
- let the provider know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS

Payments

The	provider will seek paym	ent for their provision of	of supports after
	and		confirms satisfactory
deliv	very.		

The participant has nominated the Plan Management Provider **ADVANTAGE PLAN MANAGEMENT** to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the provider will claim payment for those supports from **ADVANTAGE PLAN MANAGEMENT**.

Changes to this Service Agreement

If changes to the supports or their delivery are required, the parties agree to discuss and review this Service Agreement. The parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the parties.

Ending this Service Agreement

Should either party wish to end this Service Agreement they must give 1-month notice.

If either party seriously breaches this Service Agreement the requirement of notice will be waived.

This service agreement will automatically roll over at the end of the participant's NDIS plan into their next NDIS plan for another term unless written notice is provided by one of the parties that terminates the agreement.

Feedback, complaints and disputes

If the participant wishes to give the provider feedback, the participant can talk to:

Amanda Bourne on

Ph: 0411 661 249 or

email: amanda@apmndis.com.au

If the participant is not satisfied or does not want to talk to this person, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the <u>National Disability</u> <u>Insurance Scheme Act 2013</u> (NDIS Act), in the participant's NDIS plan currently in effect under section 37 of the NDIS Act;
- the participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
- and _____ will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

Contact details

		and			_ can
_					

be contacted on:

Contact details						
NDIS Number						
Mobile						
Email						
Address						
Date Of Birth (Participant)						
Banking	BANK:	*used for reimbursing the participant for				
Details	BSB: Acc#:	payments they have made directly for a service/product, etc.				
Alternative contact person	Name:	Phone:				
LAC or Support Coordinator	Name:	Phone:				

Advantage Plan Management can be contacted on:

Contact name	Amanda Bourne
Mobile	0411661249
Email	amanda@apmndis.com.au invoices@apmndis.com.au
Address	PO Box 26 WALLA WALLA NSW 2659

Agreement signatures

The parties agree to the terms and conditions of this Service Agreement.

	and		
Signature of:		Signature of:	
Print Name		Print Name	
Date			
Signature of:			
Amanda Bourne			
Advantage Plan Manag	ement	advantage PLAN MANAGEMENT	
 Date			