

*NDIS
SERVICE AGREEMENT
WITH
LIZ DORE*

Liz Dore

Relationships and Private Stuff | 17 Hardie Avenue, Summer Hill, NSW 2130

**This is a Service agreement between _____
and Elizabeth (Liz) Dore**

Participants name:

Participants NDIS Number:

NDIS Plan Start date:

End date:

Planner's name and contact details:

Coordinator's name and email:

5.2.1 Parties

This **Service Agreement** is for....., a participant in the National Disability Insurance Scheme, and is made between:

NDIS No:

[Participant / participant's representative (such as a family member or friend)]

and _____

provider

Elizabeth (Liz) Dore, Relationships & Private Stuff

No: 12054367

This Service Agreement will commence on _____

and finish _____

5.2.2 The NDIS and this Service Agreement

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

A copy of the participant's NDIS plan is attached to this Service Agreement Yes No

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.

5.2.3 Schedule of supports

The provider agrees to provide the participant *Therapeutic Supports for* one year.

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.

5.2.4 Responsibilities of the provider

The provider agrees to:

- review the provision of supports at least 3 *monthly* with the participant
- once agreed, provide supports that meet the participant's needs during booked one hour appointments (on a Thursday, Friday or Saturday) in professional room in Summer Hill, NSW.
- discuss and document _____ relationships goals and with his/her consent, communicate follow up with his/her parents or carer.
- treat the participant with courtesy and respect
- consult the participant on frequency of appointments
- give participant details for making complaints
- inform participant of cancellation policy which includes 1 week notice or full counselling appointment fee (unless sick or an emergency)
- listen to the participant's feedback and resolve problems quickly
- give the participant a minimum of 1 week notice (unless sick or an emergency) if the provider has to change a scheduled appointment
- give the participant the required notice if the provider needs to end the Service Agreement (see '[Ending this Service Agreement](#)' below for more information)
- protect the participant's privacy and confidential information unless given consent to liaise with parents or other support people
- 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 as per the Terms of Business for Registered Providers.

5.2.5 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 a minimum of 24 hours' notice if the participant cannot make a scheduled appointment; and if the notice is not provided by then, the provider's cancellation policy will apply
- give the provider the required notice if the participant needs to end the Service Agreement (see '[Ending this Service Agreement](#)' 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.

5.2.6 Payments

The provider will seek payment for their provision of supports after the *[participant / participant's representative]* confirms satisfactory delivery.

[One or more of the below paragraphs may apply. Tick the box next to those that apply.]

[If the funding for any of the supports provided under this Service Agreement is managed by the participant:] The participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the provider will send the participant an invoice for those supports for the participant to pay. The participant will pay the invoice by _____ *on or within* _____.

[AND / OR]

[If the funding for any of the supports provided under this Service Agreement is managed by a Plan Nominee:] The participant's Nominee manages the funding for supports provided under this Service Agreement. After providing those supports, the provider will send the participant's Nominee an invoice for those supports for the participant's Nominee to pay. The participant's Nominee will pay the invoice by *EFT* within *7 days*.

[AND / OR]

[If the funding for any of the supports provided under this Service Agreement is managed by the National Disability Insurance Agency:] The participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, the provider will claim payment for those supports from the NDIA.

[AND / OR]

[If the funding for any of the supports provided under this Service Agreement is managed by a Registered Plan Management Provider:] The participant has nominated the Plan Management Provider _____ 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 _____.

5.2.7 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.

5.2.8 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.

5.2.9 Feedback, complaints and disputes

If the participant wishes to give the provider feedback, the participant can contact Liz Dore
0416 122 634 liz@relationshipsandprivatestuff.com

If the participant is not happy with the provision of supports and wishes to make a complaint, the participant can talk to Psychotherapy & Counselling Federation of Australia (PACFA) 03 9486 3077 admin@pacfa.org.au

If the participant is not satisfied or does not want to talk to PACFA, 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.

5.2.10 Goods and Services Tax (GST – N/A)

Payment of GST does not apply to Elizabeth Dore or Relationships and Private Stuff.

The provider can be contacted on:

Contact name	Elizabeth (Liz) Dore
Phone [B/H]	0416 122 634
Phone [A/H]	0416 122 634
Email	liz@relationshipsandprivatestuff.com
Address	17 Hardie Avenue, Summer Hill 2130

5.2.11 Agreement signatures

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

Signature
[participant/participant's representative]

Name
[participant/participant's representative]

Date

Signature of provider

Liz Dore, Relationships and Private Stuff.

5.2.12 Attach Copy of participant's NDIS plan

