



SERVICE AGREEMENT

Your logo or business name

BETWEEN

AND

Your name or business name

Participant name

ABN

NDIS number

Address

Plan: ☐ Self-managed ☐ Plan-managed

Phone

Nominee or guardian, if any

Email

Plan manager or who pays, and their email

AGREEMENT TERMS

Start date _____

End date _____

or Ongoing

Review date _____

Amendment notice _____

days

Invoice payment terms _____

days

SCHEDULE OF SUPPORTS

ITEM CODE	DESCRIPTION	UNIT	RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rates are GST-free under NDIS Pricing Arrangements

HOW AND WHEN SUPPORTS ARE PROVIDED

Days and times, where the supports happen, and anything the participant wants done a certain way



I, the provider, will:

- Provide the support described in this agreement
- Be open and honest about the support I provide
- Explain things clearly and answer your questions
- Treat you with respect and listen to your preferences
- Include you in decisions about your support
- Give you at least 24 hours' notice if I need to cancel a shift
- Listen to your feedback and try to resolve concerns quickly
- Let you know how to raise a complaint
- Keep your personal information private and secure
- Follow the NDIS Code of Conduct and the NDIS Act 2013
- Send invoices within the agreed payment terms
- Give you 28 days' notice if I want to end this agreement

You, the participant, will:

- Tell me what supports you want and how you want them delivered
- Treat me with respect
- Tell me if you have any concerns about the support I provide
- Let me know as soon as possible if you need to cancel an appointment
- Let me know if your NDIS plan changes or if you stop using the NDIS
- Give me 28 days' notice if you want to end this agreement
- Agree to review this agreement with me at the review date

CANCELLATION POLICY

If the participant cancels a scheduled support with short notice, the provider may claim up to 100% of the agreed fee for that support, in line with the NDIS Pricing Arrangements and Price Limits.

A cancellation is considered a short notice cancellation if:

- a) the participant does not show up for a scheduled support within a reasonable time, or is not present at the agreed place when the provider arrives; or
- b) the participant gives less than seven (7) clear days' notice for a support delivered by a disability support worker, such as personal care, community access or help at home; or
- c) the participant gives less than two (2) clear business days' notice for any other support.

The provider will not charge for a cancellation if they can fill the time with other paid work, and may choose not to charge for it at all.

FEEDBACK AND COMPLAINTS

If you are unhappy with my support, please tell me first and I will try to fix it quickly. You can bring someone you trust to help you.

If it is not fixed, or you would rather not raise it with me, you can contact the NDIS Quality and Safeguards Commission on 1800 035 544 or at [ndiscommission.gov.au](https://www.ndiscommission.gov.au).

SIGNATURES

PROVIDER

PARTICIPANT, NOMINEE OR GUARDIAN

Name

Name

Signature

Signature

Date

Date

This agreement template is provided as a starting point. Both parties should review it carefully and seek independent legal advice if needed before signing.

