



Helping you live, rest & play

## SERVICE AGREEMENT – Support Coordinator

**NOTE:** A Service Agreement can be made between a Participant and a Provider or a Participant's representative and a Provider. A Participant's representative is someone close to the Participant, such as a family member or friend or someone who manages the funding for supports under a Participant's National Disability Insurance Scheme (NDIS) plan.

### Parties

#### Participant Details

<b>Name</b>	
<b>Address</b>	
<b>Phone/ Mobile</b>	
<b>Email</b>	
<b>NDIS Number</b>	
<b>Representative Name</b> <b>(if applicable)</b>	
<b>Contact Details</b> <b>(if different from above)</b>	
<b>Relationship to Participant</b>	

#### Provider Details

<b>Contact name</b>	
<b>Company</b>	<b>Ipswich Therapy Centre Pty Ltd</b>
<b>Phone</b>	<b>07 3812 1204</b>
<b>Email</b>	<b>admin@ipswichtherapycentre.com.au</b>
<b>Address</b>	<b>Unit 2 / 11 Ellenborough Street, Ipswich Qld 4305</b>

The term of the Service Agreement will commence on the nominated start date \_\_\_/\_\_\_/\_\_\_ and cease on the NDIS review due date \_\_\_/\_\_\_/\_\_\_.

## **Purpose of the Agreement**

This Service Agreement is made for the purpose of providing supports under the Participant's NDIS plan to meet their goals.

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, social and economic participation of people with disabilities; 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.

## **Services Provided**

The Provider agrees to provide Support Coordination services to the Participant that align and assist to achieve their NDIS goals.

The Support Coordinator will support you to understand and implement the funded supports in your plan and link you to community, mainstream and other government services. The Support Coordinator will focus on supporting you to build skills and direct your life as well as connect you to other providers.

## **Provider Responsibilities**

The Provider agrees to:

- Treat the Participant with courtesy and respect;
- Protect the Participant's privacy and confidential information;
- Develop a Support Plan in collaboration with the Participant and others as required;
- Review the provision of Support every 6 months with the Participant;
- Provide Support that meets the Participant's needs at the agreed and preferred times;
- Communicate openly and honestly and in a timely manner;
- Provide the Participant with information about managing Complaints or Disagreements;
- Listen to the Participant's feedback and resolve problems quickly;
- Provide the Participant, 24 hrs' notice where possible if the Provider has to change or cancel a scheduled appointment;
- Provide the Participant with the required notice if the Provider needs to end the Service Agreement, see "Ending this Service Agreement";
- Provide Support 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 Support provided;
- Provide invoices and statements for the support services and any additional supports delivered; and
- Provide Support in an environment agreed upon between the Participant and the Support Coordinator, including but not limited to site visits, home visits and in rooms appointments.

## **Participant/ Participant’s Representative Responsibilities**

The Participant agrees to:

- Provide a copy of the Participants NDIS number and goals from your NDIS Plan;
- Discuss with the Provider how the Participant would like Supports to be delivered to achieve your goals and needs;
- Treat the Provider with courtesy and respect;
- Communicate openly and honestly and in a timely manner;
- Discuss with the Provider, any concerns the Participant may have regarding the Support being provided;
- Provide a minimum of 24 hrs’ notice to the Provider if the Participant is unable to keep a scheduled appointment or see “Cancellation Policy” for further details;
- Provide the Provider with the required notice if the Participant needs to end the Service Agreement, see “Ending this Service Agreement”; and
- The Participant must 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 of the NDIS.

## **Fees**

The fees for Support Coordination services and other supports provided are set out in the attached Schedule of Supports. All prices are GST inclusive, if GST is applicable. Fees are calculated in 15-minute increments, unless otherwise stated.

Additional expenses i.e., things that are not included as part of a Participant’s NDIS Plan are the responsibility of the Participant and are not included in the Schedule of Supports. Examples include entrance fees, event tickets, meals, etc.

## **Goods and Services Tax (GST)**


Many, but not all, supports provided to NDIS Participants are GST-free. You can find further information about the NDIS and GST on the Australian Taxation Office website.


**Attachment 1 – Schedule of Supports**

<b>Supports</b>	<b>Description of Support</b>	<b>Fees</b>	<b>How support is provided</b>
Support Coordination	<p>Strengthen the Participants ability to connect with informal, mainstream, and funded supports.</p> <p>This included resolving points of crisis developing capacity and resilience in a Participants network and coordinating supports from a range of sources.</p>	<p>In line with NDIS Price Guide for Level 2 Coordination of Supports, \$100.14/ hour, charged in 15-minute increments.</p> <p>or</p> <p>In line with NDIS Price Guide for Level 3 Specialist Support Coordination, \$190.54/ hour, charged in 15-minute increments.</p>	<p>The Support Coordinator will meet with the Participant at home, in the community or the office of Ipswich Therapy Centre or another location as agreed with the Participant.</p> <p>The Support Coordinator will at times be working behind the scenes to identify and engage relevant Service Providers.</p> <p>Support is likely to be more intensive at the commencement of a plan and in preparation for the plan's end review date. During the remainder of the plan, support will be provided as required.</p>
Travel	<p>Travel to/ from additional site. This includes Travel to a Participants home or an agreed location in the community as agreed between the Participant and the Provider</p>	<p>In line with NDIS Price Guide for Provider Travel. Travel is calculated from the Ipswich Office and charged in 15-minute increments. There will be no charge for local metropolitan Ipswich travel i.e., less than 15 mins drive from the office. Travel is charged at the same rate as Support Coordination Fees.</p> <p>Provider Travel Non-Labour Costs is calculated based on NDIS Travel KM Calculator from the Ipswich Office address and charged at \$0.85/ KM.</p>	
<b>Total Support Coordination Funding:</b>			\$

## Payments


The Provider will seek payment for the provision of their Services after the Participant confirms satisfactory delivery. Failure to pay may result in Termination of the Service Agreement.

 **NDIA Managed:** The Provider will claim payment for all services managed by National Disability Insurance Agency (NDIA).

 **Nominee Managed:** The Provider will email invoices to the Participant's Nominee's email address to claim payment for all services that are Nominee-Managed. The Nominee will pay the invoices within 7 days via direct deposit to the Providers nominated bank account or EFT.


Name and Contact details of the Nominee if different to the Participants Representative:

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 **Plan Managed:** The Provider will email invoices to the Participant's nominated Plan Manager's email address to claim payment for all services that are Plan Managed. The Plan Manager will pay the invoices within 7 days via direct deposit to the Providers nominated bank account and provide a Remittance Advice. [admin@ipswichtherapycentre.com.au](mailto:admin@ipswichtherapycentre.com.au)

Name and Contact details of the Plan Manager:

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 **Self-Managed:** The Provider will email invoices to the Participant's nominated email address to claim payment for all services that are Self-Managed. The Participant will pay the invoices within 7 days or prior to the next booked appointment whichever is the earlier, via direct deposit to the Providers nominated bank account or EFT. Failure to make payments, may result in future appointments being suspended.

## Cancellation Policy

The Participant must provide 24 hrs notice to the Provider of cancellation or rescheduling of an appointment. The Participant agrees that the Provider may charge a cancellation fee in accordance with the current NDIS Price Guide.

The Participant acknowledges that the continuous failure to provide adequate notification, may result in the Service Agreement being terminated.

## Ending this Service Agreement

Should either Party decides to end the Service Agreement they must give 1 weeks notice written notice.

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

## Feedback, Complaints and Disputes

If a Participant wishes to provide Feedback, make a Complaint, or discuss a Dispute with the Company, the Participant can email [admin@ipswichtherapycentre.com.au](mailto:admin@ipswichtherapycentre.com.au) or call the Ipswich Therapy Centre on 07 3812 1204 or complete a Feedback form. A Feedback form can be obtained from the Administration Team or is available to download online from the Ipswich Therapy Centre website [www.ipswichtherapycentre.com.au](http://www.ipswichtherapycentre.com.au). Please return your Feedback Forms to [admin@ipswichtherapycentre.com.au](mailto:admin@ipswichtherapycentre.com.au) or post to 2/ 11 Ellenborough Street, Ipswich Qld 4305.

The Participant can also contact the NDIA by calling 1800 800 110 or visiting one of their offices in person or visiting the NDIS website [ndis.gov.au](http://ndis.gov.au) for further information and details.

**Changes to the Service Agreement**

Should the Service Agreement require any changes, then both Parties agree to discuss and review the Service Agreement. The Parties agree that any changes to the Service Agreement will be in writing, signed, and dated by the Parties on the Amendments section of the Service Agreement.

**Agreement signatures**

The Parties agree to the terms and conditions of the Service Agreement.

\_\_\_\_\_  
Signature of Participant/ Representative                      Name of the Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorised Representative                      Name of Support Coordinator

\_\_\_\_\_  
Date

***Copies of Service Agreement are to be saved within the Participants file, provided to the Participant, provided to the Plan Manager or Nominee Manager if applicable and the Administration Team if the Participant is NDIA Managed to ensure a Service Bookings is created.***

**Amendment to the Service Agreement**

**Details of Amendment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Parties agree to this Amendment to the Service Agreement.

\_\_\_\_\_  
Signature of Participant/ Representative                      Name of the Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorised Representative                      Name of Support Coordinator

\_\_\_\_\_  
Date



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## Consent to Share Information

I understand information about myself and my disability is collected by Ipswich Therapy Centre in accordance with the Privacy Act 2009 and the information is stored securely as per Ipswich Therapy Centre's Privacy, Dignity and Confidentiality Policy. This information is confidential and only shared with others outside the organisation for my benefit and with my permission. This includes my personal information, information about Support Coordination I receive, and any photographs or videos taken. I understand that in an emergency or where there is a risk to myself or others this may be done outside written permission. Some de-identified information is collected and may be shared with Government agencies.

I, \_\_\_\_\_ give Ipswich Therapy Centre permission to share information about me/ my child with the following nominated services or individuals.

NDIS staff including Local Area Coordinator	Yes	No	NA
Allied Health Staff	Yes	No	NA
Support Staff	Yes	No	NA
Plan Manager	Yes	No	NA
General Practitioner	Yes	No	NA
Government Agencies	Yes	No	NA
Other Service Providers involved in my care	Yes	No	NA
Family/ Carers (name)_____	Yes	No	NA
School/ Pre-School/ Kindy/ Child Care_____	Yes	No	NA
Other_____	Yes	No	NA

Please specify below, if there is anyone that you do not wish your care and/ or support needs to be shared with:

\_\_\_\_\_

I understand I can withdraw/ change consent at any time by informing my Support Coordinator.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature of Participant/ Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Consent to share your information

Please use this form to give your permission (consent) for the National Disability Insurance Agency (NDIA) to share your National Disability Insurance Scheme (NDIS) information with a person or an organisation who you choose. For example you might want to share some or all of your NDIS information with a family member who helps you to make decisions or with a provider you use regularly.

You don't have to use this form to give your consent. You can let us know over the phone by calling **1800 800 110** or by contacting us in any of the ways listed under '**How do I return this form to the NDIA**'. You can also contact us if you want someone to do things for you with the NDIS or make decisions on your behalf.

You can give your consent to share information if you are an applicant, a participant, a child representative, plan nominee or legally appointed decision maker for an applicant or participant. When we say applicant, we mean someone who is applying to the NDIS.

We will only share your personal information if you have given us consent to or if we are required or authorised to disclose your information by law.

You can **take away** your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

### How do I return this form to the NDIA?

There are a few ways you can return this form to us:

- **Email for applicants:** [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)
- **Email for participants:** [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
- **Mail:** NDIA, GPO Box 700, Canberra ACT 2601
- **In person:** Visit a **local area coordinator**, **early childhood partner** or **NDIS office** in your area.



## Part A: Applicant/participant details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Contact phone number	
Contact email	

If you are the **applicant** or **participant**, go to [Part C](#).

If you are a **child representative**, **plan nominee** or **other legally appointed decision maker**, complete [Part B](#) then [Part C](#).

## Part B: Child representative, plan nominee, legally appointed decision maker details

Please provide your details in this section if you are completing this form on behalf of the applicant or participant:

- under 18 years for whom you are a child representative, or
- for whom you are a plan nominee, or
- for whom you are a legally appointed decision maker (for example, a guardian).

Full name	
Date of birth (DD/MM/YYYY)	
Contact phone number	
Contact email	
Relationship to participant/applicant e.g. child representative, plan nominee, legally appointed decision maker	
Employee number or logon (if you are completing this form as part of your job)	

## Part C: Provide consent

**Please complete the details of who you want to share your information with.**

If there are more people or organisations you want to give consent to, you can include them as a list when sending this form back to us.

**I consent to the NDIA giving information about me (or the participant/applicant I am representing who is identified in Part A of this form), to the following people and/or organisations.**

### Person/organisation 1

Please mark the correct box and complete the details below.

- Person
- Organisation

First name	
Surname	
Position Title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode)	
Relationship to participant/applicant	

**We will share all of your information with the person or organisation you have chosen, unless you let us know what you don't want us to share.**

### Information you don't want us to share

**If any**, please choose the information you **don't want us to share**:

#### My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my carers
- Details about my informal supports
- Details about my service providers

#### My NDIS information

- Assessments and reports the NDIA holds about me
- My NDIS application form
- The outcome of my NDIS application
- If I am found eligible for the NDIS, confirmation of when my first plan is approved
- A copy of all parts of my current NDIS plan

- A copy of my current NDIS plan’s goals and aspirations
- A copy of my current NDIS plan’s funding and support
- Who my NDIS contact is and how to contact them
- A copy of all parts of any previous NDIS plans
- A copy of any previous NDIS plan goals and aspirations
- A copy of any previous NDIS plan funding and support

**Any other information**

If so, please tell us what this information is below:

**Why do you want us to share your information?**

**We need to know you understand how the information we share will be used by the other person or organisation.**

**Please tell us why you want to share your information below:**

**How long are you providing consent for?**

- Until further notice
- Until a set date (DD/MM/YYYY): \_\_\_\_\_
- One time only

**Person/organisation 2**

If there is another person or organisation you wish to give consent to share your NDIS information with, please provide their details here.

Please mark the correct box and complete the details below.

- Person
- Organisation

First name	
Surname	
Position Title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode).	
Relationship to participant/applicant	

**We will share all of your information with the person or organisation you have chosen, unless you let us know what you don't want us to share.**

### **Information you don't want us to share**

**If any**, please choose the information you **don't want us to share**:

#### **My personal information**

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my carers
- Details about my informal supports
- Details about my service providers

#### **My NDIS information**

- Assessments and reports the NDIA holds about me
- My NDIS application form
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- If I am found eligible for the NDIS, confirmation of when my first plan is approved
- A copy of all parts of my current NDIS plan
- A copy of my current NDIS plan's goals and aspirations
- A copy of my current NDIS plan's funding and support
- Who my NDIS contact is and how to contact them
- A copy of all parts of any previous NDIS plans
- A copy of any previous NDIS plan goals and aspirations
- A copy of any previous NDIS plan funding and support

**Any other information**

If so, please tell us what this information is below:

**Why do you want us to share your information?**

**We need to know you understand how the information we share will be used by the other person or organisation.**

**Please tell us why you want to share your information below:**

**How long are you providing consent for?**

- Until further notice
- Until a set date (DD/MM/YYYY): \_\_\_\_\_
- One time only

**Part D: Your declaration**

This part needs to be signed by whoever completed this form. This may be the participant/applicant, **or** child representative, plan nominee or legally appointed decision maker.

I confirm that:

- I understand I can get further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. You can find this information on the NDIS website.
- I understand I have given the NDIA consent to give information about me to the third party or parties I have listed at [Part C](#) on this form so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.

- I confirm the information provided in this form is complete and correct.
- I understand giving false or misleading information is a serious offence.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

You can find out more about how we collect, use and disclose your personal and sensitive information on our website (ndis.gov.au). Select '**About**', then select '**Policies**', then '**Freedom of Information**', then '**Privacy**' from the menu on the right.

Signature	
Name	
Date (DD/MM/YYYY)	