

## 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><br><b>(if applicable)</b>       |  |
| <b>Contact Details</b><br><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 continue until further notice unless cancelled by participant Or 2 years

## 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.

## Risk and Emergency Management

In the case of emergency , would you require ITC to respond to provide assistance to avoid further serious risk?      Yes (please add to Risk register)      No

In an emergency disaster situation contact needs to be made with me within  
48 hours      4 days      1 week      2 weeks

What would you like ITC to do in the case of an emergency in the session or if you are not home or do not respond when staff visits home (no show) and the action needs to be taken

Contact:

You      Carers      Emergency Services      Others

Contact details:

Can you identify any risks that the therapist should be aware of?

No                      Yes            **(please fill out Risk Details and consider filling out Individual Risk Profile if more detail needed)**

**Risks Details:**

*Examples:* Pressure Areas, Falls, Seizures, Diabetes, Heart Issues, Self harm, Sensory issues, Verbal Aggression, Physical Aggression, Substance use, Absconding, Child Safety, Family Conflict, Court/police issues, Poor Risk of Disengagement

**Does a Behaviour Support Plan exist?**            Yes                              No

**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:



**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:



**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

### 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, audio 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

# Form

## Consent for your NDIS information

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Consent is a record of the permission you have given.

If you're 18 or older, you have the right to make decisions about your business with the NDIS. That's why we need a record of your consent before we share your information with anyone else or let someone else do things for you.

Please use this form if you want to give your consent:

- for the National Disability Insurance Agency (NDIA) to share your National Disability Insurance Scheme (NDIS) information with a person or organisation you choose
- to allow another person or organisation (third party) to do things for you with the NDIS.

For example, you might want to give consent for a family member who supports you to view your current plan and submit a home modification request for you.

You can give consent if you're the:

- applicant
- participant
- child representative or plan nominee for the participant
- legally appointed decision maker for an applicant.

When we say applicant, we mean someone who is applying to the NDIS.

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](#).

We'll only share your personal information if you've given your consent to the NDIA to do this. Or, if we're 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

# Form

|                            |                                  |
|----------------------------|----------------------------------|
| Full name                  | Click or tap here to enter text. |
| Date of birth (DD/MM/YYYY) | Click or tap here to enter text. |
| NDIS number                | Click or tap here to enter text. |
| Contact phone number       | Click or tap here to enter text. |
| Contact email              | Click or tap here to enter text. |

Once you have completed Part A (above):

- If you're the **applicant** or **participant**, complete [Part C](#) then sign the declaration in [Part D](#).
- If you're the **child representative**, **plan nominee** or **other legally appointed decision maker**, complete [Part B](#) and [Part C](#). You'll then need to sign the declaration in [Part D](#).

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

Please provide your details if you're 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).

|  |                                  |
|--|----------------------------------|
| Your full name   | Click or tap here to enter text. |
| Your date of birth (DD/MM/YYYY)  | Click or tap here to enter text. |
| Your phone number  | Click or tap here to enter text. |
| Your email   | Click or tap here to enter text. |
| What is your relationship to the participant/<br>the applicant<br>e.g. child representative, plan nominee,<br>legally appointed decision maker | Click or tap here to enter text. |
| Employee number or logon (if you are<br>completing this form as part of your job)  | Click or tap here to enter text. |

Part C: Give consent

**Please complete the details of the person or organisation you're giving consent to.**

# Form

If there are more people or organisations you want to give consent to, you'll need to provide consent for each one individually. Or, you can give your consent over the phone by calling **1800 800 110**. You can also contact us in any of the ways listed under [How do I return this form to the NDIA](#).

Please mark the correct box and complete the details below.

☐ I am giving consent to a person.

|  |   |
|--|---|
| First name   | Click or tap here to enter text.                                |
| Surname  | Click or tap here to enter text.                                |
| Is this person a NDIS provider or do they work for an NDIS provider? (if applicable) | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
| If you answered yes to this question, what is the name of the NDIS provider?         | Click or tap here to enter text.                                |
| Phone  | Click or tap here to enter text.                                |
| Email  | Click or tap here to enter text.                                |
| Address (include street or PO Box number, suburb, state and postcode)                | Click or tap here to enter text.                                |
| Relationship to participant/applicant  | Click or tap here to enter text.                                |

☐ I am giving consent to an organisation. To give consent to an organisation you need to give us the details for at least **one** key contact below.

Consent is limited to 2 key contacts in the organisation. If your key contacts change, let us know so we can update who in the organisation you have given consent to. Contact us by calling **1800 800 110** or in any of the ways listed under [How do I return this form to the NDIA](#).

|  |                                  |
|--|----------------------------------|
| Organisation name                            | Click or tap here to enter text. |
| Key contact's first name                     | Click or tap here to enter text. |
| Key contact's surname                        | Click or tap here to enter text. |
| Key contact's position title (if applicable) | Click or tap here to enter text. |
| Is this organisation an NDIS provider?       | <input type="checkbox"/> Yes     |

## Form

|   |   |
|---|---|
|   | <input type="checkbox"/> No                                     |
| If you answered yes to this question, do they provide NDIS supports to you? | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
| Phone   | Click or tap here to enter text.                                |
| Email   | Click or tap here to enter text.                                |
| Address (include street or PO Box number, suburb, state and postcode)       | Click or tap here to enter text.                                |

**I am providing consent for the person named in section C to have the following types of consent.**

### Consent to share information about:

- ☐ 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
- ☐ 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
- ☐ all of the above

# Form

## Consent to change my:

- ☐ personal details
- ☐ communication preferences
- ☐ correspondence preferences
- ☐ all of the above

## Consent to do these things on my behalf:

- ☐ submit an application form
- ☐ ask for a plan change
- ☐ submit claims for my current plan
- ☐ tell the NDIA about change in my circumstances
- ☐ make a complaint or give feedback to the NDIA
- ☐ ask to review a decision made by the NDIA
- ☐ submit additional information requested by the NDIA
- ☐ submit a request for assistive technology, home modifications, or other specific supports
- ☐ all of the above

# Form

Are there other things you want the person to do on your behalf, or information you want to share:

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

We'll do our best to include these other things. If we're unable to do this, we'll let you know and explain why.

## How long are you giving consent for?

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

☐ Ongoing (enduring)

## Part D: Your declaration

This part needs to be signed by whoever completes 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. I 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.
- I understand that the third party or parties I have given consent to will be able to access my information and/or act on my behalf.
- I understand I can take away or change my consent to share information and/or my consent 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 the NDIA can only share it with someone else where Commonwealth law allows, or requires it, or where I give consent.
- I have given my consent freely and no one has pressured me into doing so.

# Form

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.

If we don't agree to your request, we'll let you know and explain why.

Please sign here to give your consent as indicated in this form.

|                   |                                  |
|-------------------|----------------------------------|
| Signature         | Click or tap here to enter text. |
| Name              | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | Click or tap here to enter text. |