ABN- 507 4414 2546

Email: cs_sc@christinestammers.com

Mobile: 0409 684 893

SERVICE AGREEMENT

es se

	My Goal is to provide person centred Support Codes to confidently work towards their goals utilising	
Participant Name		
Date of birth		
Address		
Phone Number/s	Email Address	
Participant NDIS Number		
Start Date of NDIS Plan	End Date of NDIS Plan	
Start Date of this Service Agreement	End date of this Service Agreement	
Nominee/ Guardian Name		
Address		
Phone Number/s	Email Address	
Supports Provided (See Attached Schedule of Supports)	Coordination of Supports at \$100.14Per hour for hours	

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Support Connection/ Coordination of Supports* to be delivered through face to face monthly meetings, phone calls & or emails for the development of Service Agreements/quotes/ development of supports in your community to enable you to achieve your goals of:

*NOTE CS SC does not claim for Provider Travel or for Cancellation Fee's.

Providers Responsibilities - (Christine's Responsibilities)

- To be on time or to call if running late.
- To cancel appointment with 48 hours notice
- To treat you (and your nominee/ family members) with dignity and respect
- To work with you to understand your NDIS Goals and develop the Service Agreements and or quotes with organisations or individuals of your choosing. (This will depend on how your Plan is funded).
- To enable you to learn about the NDIS, your Plan, NDIS Portal so that over time you are able to confidently access the NDIS yourself. (This will happen in small manageable steps you are comfortable with).
- To contact organisations with you or on your behalf, in line with your Privacy and Confidentiality.
 To store your information in line with the Privacy and Confidentiality Policy of NDIS and Federal Legislations.
- The only time I will break my confidentiality of my service with you, is if you are at risk of harming yourself or others, or you yourself are at risk under the "Reportable Incidents—NDIS Providers—NDIS Quality and Safeguards commission." and the NDIS Incident Management and Reportable Incidents Rules 2018
- To listen to your feedback, concerns and complaints and to improve upon services.

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Providers Responsibilities - (Christine's Responsibilities) Continued

- To invoice you through your nominated preference (see below details), for the time worked in providing Support Coordination* to you in an itemised account on a fortnightly basis.
- To write the required reports in the nominated time frames. (with you, if you so choose).
- The right to end this Service Agreement with 4 weeks notice, if all avenues for resolution have been explored.
- Christine is to declare any Conflicts of Interest to you, that may occur in providing Support Coordination & how this could impact upon you.
- Christine is legally unable to accept any gifts from you while she is employed to provide Support
- Coordination to you.
- Christine also does not receive any "Kick-backs" from organisations in her work as a Support Coordinator.

Participant Responsibilities (Your Responsibilities)

- To be on time and treat Christine with respect
- To contact Christine if unable to keep appointments with 24 hours notice if possible. (no cancellation fee applies to Support Connection/ Coordination of Supports).
- To communicate any issues encountered with Support Coordination, with Christine.
- To communicate any issues related to organisations or people you have Service Agreements or quotes with, to Christine to help resolve them in a timely manner.
- To participate as much or as little as you would like in the report writing process
- You have the right to end this Service Agreement by giving notice to Christine (verbally, written or your preferred communication method).
- Your Right to make a complaint to the NDIS Quality and Safe Guards Commission

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All items are to be discussed using the Participants and or Carers/ Family members	
preferred method of communication.	
the character and the Both and Confidentially Bulls	
I have been given a copy of the Privacy and Confidentiality Policy	
I agree to having my personal information, which includes my phone number, address,	
name, date of birth, NDIS Number, disability, email address and personal information,	
stored by Christine in line with the Privacy and Confidentiality Policy	
I have been given a copy of the CSSC—Compliments and Feedback Form and know how	
to fill this out and give it to Christine	
I have been given a copy of the CSSC Complaints Form and know how to fill this out and	
give it to Christine	
g.ve it to emistine	
I have been given a copy of the NDIS Quality and Safe Guards "How to Make a Complaint"	
and now know who to contact for this.	
and now know who to contact for this.	
I know how to contact Christine if I am unable to make an appointment and where	
possible, will do so 24 hours in advance.	
possible, will do so 24 flours in advance.	
I know how to raise a concern with Christine	
T KNOW HOW to raise a concern with christine	
I agree to updating contact information with Christine in a timely manner	
By signing this agreement I give Christine Stammers to store my address with the SHEQSY	
Security Company for Christine's WH& S (Pin Entered)	
By signing this agreement I give Christine permission to engage in Professional	
Supervision to help Christine provide better services to me.	
Supervision to help emissine provide better services to me.	
Lknow how to and this Comits Associated	
I know how to end this Service Agreement	

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I agree to the attached Schedule of Supports, understanding what is Billable for Support Connection and or Coordination of Supports	
Deutisia ant Name	
Participant Name	
Signature	
Nominee/ Guardian's Name	
Signature	Todays Date
Provider Name - Christine Stammers	
Signature C. Wamnus.	

Invoicing	
Invoices are to be sent to	NDIS Provider Portal
Best Contact Person	
Their Phone Number	
Email Address	

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Schedule of Supports (Payments)				
Line Item	Line Item Number	Per hour	Amount of Hours	Total
Support Connection	07_001_0106_8_3	\$		
Coordination of Supports	07_002_0106_8_3	\$100.14		
			TOTAL (no GST is charged for this service)	(Equals NDIS Funded Amount)

Record of form development			
Version	Date approved	Date for review	
Version 1.1 2019 Version 1.2 2019	January 2019 October 2019	January 2021 October 2021	