

# Amreeta Stara

CONSCIOUS LIVING & EMPOWERMENT  
THERAPY & COACHING

## Service Agreement

This agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).

This Service Agreement is for:

<b>Participant Name</b>	
<b>Parent/Carer Name (for minors)</b>	
<b>NDIS Reference Number</b>	
<b>Date of Birth</b>	
<b>Gender</b>	
<b>Phone / Mobile</b>	
<b>Email</b>	
<b>Address</b>	
<b>Alternative Contact</b>	Name Number
<b>Nominee</b>	Name Number
<b>Support Coordinator</b>	Name Number

The agreement is made between: ..... [*You / your representative*]

and Provider **AMREETA STARA (ABN 89259922928)**

<b>Director</b>	Amreeta Stara
<b>Phone / Mobile</b>	0416662676
<b>Email</b>	info@amreetastara.com
<b>Address</b>	18 Shannon Street, Encounter Bay 5211, SA

This Service Agreement will commence on ..... [day, month, year]  
for the period to

## Payments:

We will seek payment for their provision of supports via the following applicable method:

### SELF MANAGED

You have chosen to self-manage the funding for NDIS support provided under this Service Agreement. After providing those supports, we will send you an invoice for those supports and you will be asked to kindly pay the invoice by EFT within 7 days.

### PLAN NOMINEE MANAGED

Your Nominee manages the funding for support provided under this Service Agreement. After providing those supports, we will send your Nominee an invoice for those supports and your nominee will be asked to kindly pay the invoice by EFT within 7 days.

### REGISTERED PLAN MANAGEMENT PROVIDER MANAGED

You have nominated the following Plan Management Provider to manage the funding for NDIS support provided under this Service Agreement. After providing those supports, we will claim payment for those supports from the Registered Plan Management Provider.

<b>Company</b>	
<b>Contact Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

Please tick & sign to indicate your consent to us providing a copy of your plan to your Plan Manager:

<b>Yes / No</b>	<b>Signature</b>
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## **The NDIS and terms of this Service Agreement:**

This Service Agreement is made for the purpose of providing support under your NDIS plan and a copy of your plan can be attached to this Service Agreement should you choose.

We 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.

## **Changes to this Service Agreement**

If changes to your supports or their delivery are required, we agree to discuss and review this Service Agreement. We agree that any changes to this Service Agreement will be in writing, signed, and dated by both parties.

## **Ending this Service Agreement**

Should either party wish to end this Service Agreement they must give 14 days notice.

A serious breach of an essential term of this agreement creates the right to terminate. The party with the right for termination has the right for immediate termination by giving written notice.

## **Feedback, Complaints and Disputes**

If you wish to give us feedback, you can talk to Amreeta Stara. If you are not satisfied or do not want to talk to Amreeta Stara, you can contact the:

## **NDIS Commission**

- **1800 035 544** (free call from landlines) or TTY 133 677 (interpreters can be arranged)
- National Relay Service and ask for 1800035 544
- Or completing a complaint contact form online at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

## Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act), in the participant's NDIS plan currently in effect under section 37 of the NDIS Act;
- the participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
- the [participant/participant's representative] will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

## Responsibilities

### We agree to:

- review the provision of supports at least annually with you
- once agreed, provide supports that meet your needs at your preferred times
- communicate openly and honestly in a timely manner, and treat you with courtesy and respect
- consult you on decisions about how your supports are provided
- give you information about managing any complaints or disagreements and listen to your feedback and resolve problems quickly
- give you notice if we have to change a scheduled appointment to provide supports
- give you the required notice if we need to end the Service Agreement (see 'Ending this Service Agreement' below for more information)
- protect your private and confidential information
- 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 you.
- issue / store regular invoices and statements of the supports delivered to you as per the Terms of Business for Registered Providers.

Service Providers have policies and procedures that are built on human rights. Where allegations of abuse, neglect, violence, exploitation or discrimination are made, mandatory reporting laws will be followed. Providers are required to notify the NDIS Commission when a support worker or NDIS participant is confirmed to have COVID-19 or other changes related to COVID-19

## **You / your representative agree to:**

- inform us about how you wish the supports to be delivered to meet your needs
- treat us with courtesy and respect
- talk to us if you have any concerns about the supports being provided
- give us notice if you cannot make a scheduled appointment; where we have a short notice cancellation (or no show) we are able to recover 90% of the fee associated with the activity, subject to the terms of the service agreement with the participant. We are only permitted to charge for a short notice cancellation (or no show) if we have not found alternative billable work for the relevant worker and are required to pay the worker for the time that would have been spent providing the support.

A cancellation is a short notice cancellation if the participant:

- does not show up for a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when we are travelling to deliver the support; or
- has given less than two (2) clear business days' notice for a support that meets both of the following conditions:
  - the support is less than 8 hours continuous duration; AND
  - the agreed total price for the support is less than \$1000; or
  - has given less than five (5) clear business days' notice for any other support.
- give us the required notice if you need to end the Service Agreement (see 'Ending this Service Agreement' below for more information), and
- let us know immediately if your NDIS plan is suspended or replaced by a new NDIS plan or if you stop being a participant in the NDIS.

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## Services

Amreeta Stara (practitioner) provides Mindfulness Therapy and Coaching to help participants improve physically, emotionally, mentally and spiritually. Services include a holistic integration of Acceptance & Commitment Therapy (ACT), mindfulness and behavioral techniques to help parents and children overcome their barriers and create positive changes through mindful values-based living.

Therapy and coaching sessions are not a replacement for medical treatment, psychological or psychiatric services. All comments, guidance and suggestions made or

given during sessions are made holistically to help you achieve your goals. The practitioner does not treat, prescribe or diagnose any condition.

Sessions can either be hands-on, where the practitioner will respectfully touch your shoulders, hands, wrists, arms, legs, sternum, face, or forehead in order to assist you in relaxation during the session or hands-off where the practitioner will simply guide you to relax. (please advise if you prefer not to be touched)

Please be advised that the practitioner may need to discuss your services with key stakeholders as required, including but not limited to your chosen representative, your support coordinator, your plan manager, your GP or allied health or other provider.

## Service Schedule

Service Type	Support Item	Rate	Number of Hours per day	Units in Service Agreement Period	Total Cost

***Please note our prices are subject to increase in accordance with the adjusted NDIA efficient price. Any increase will not affect service provision as the funding in your plan will be indexed accordingly to allow for the increase in prices.***

Please note any additional expenses (i.e. things that are not included as part of your NDIS supports) are your responsibility and are not included in the cost of the supports. Examples include entrance fees, event tickets, meals, etc.

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## Agreement Signatures

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

***Please note if you do not have mental capacity a nominee must sign on your behalf.***

Signature: .....

Name: ..... Date: .....

Signature: .....

Name: ..... Date: .....