A close up of a logo

Description automatically generated

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# NDIS Service Agreement

Participants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Who is making this Agreement?

|  |  |
| --- | --- |
|  | **The name of participant or their trusted person:** |
|  | **The name of the service provider:** |

#### 

#### How does this Agreement fit in with the NDIS?

|  |  |
| --- | --- |
|  | This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS). |
|  | Client’s NDIS goal as stated in the plan:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Progress goals: |
|  | The participant and the service provider agree that this Agreement is in line with the main ideas of the NDIS. These ideas include things like having more choices, achieving your goals and taking part in the community. |

#### What supports will be provided?

Equine assisted therapy EAL by Rachael Cooper

how they will be provided:

* when they will be provided:
* how long they will be provided for:
* how much they will cost:

#### What is expected of the participant?

* Provide Rachael with at least 24 hours’ notice if cancelling appointments. If appointments are cancelled after 3pm the day before the service, 50% of the service fee will be charged. If an appointment is cancelled an hour before or less of the appointment time, 100% of the service fee will be charged.
* Give notice if the service agreement is to be cancelled.
* Keep accounts up-to-date.

#### What is expected of the service provider?

To provide a service that meets the needs of the client.

#### How will payments be made?

How to make changes

The service agreement will be reviewed after 6 session to check that to service agreement is still inline with the participant’s goals. Agreed changes can be make to the service agreement at anytime.

#### How to end the Agreement

Notify Rachael if you wish to end a support agreement. Service agreements can be cancelled at any time of the participant’s choosing.

#### What to do if there is a problem?

Speak to Rachael directly if there are any concerns with the service and Rachael will attempt to resolve them.

There is also an anonymous complaints/concerns box on the table for you to place any information inside. This is checked weekly.

|  |  |
| --- | --- |
|  |  |
| The contact person is: | Rachael Cooper |
| Their phone number is: | 0400599066 |
| Their email address is: | Southburnett\_eal@outlook.com |
|  | If you don't have any success getting your problem fixed, you can contact the NDIA.  Please phone NDIS: 1800 800 110  or go to the Web site listed below.  <https://www.ndis.gov.au/contact/feedback-and-complaints> |

#### Goods and Services Tax

|  |  |
| --- | --- |
|  | Most services provided under the NDIS will not include GST. However, GST will apply to some services. |
|  | It is the service provider's responsibility to check whether GST does or does not apply. |
|  | By signing this Agreement, the service provider says that they have checked whether GST applies. |
|  | There is more information about this at   <https://www.ndis.gov.au/> |

Under tax law, the following sentence must be included in this Agreement:

"A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the [National Disability Insurance Scheme Act 2013](http://www.comlaw.gov.au/Current/C2014C00149) (NDIS Act), in the participant’s NDIS Plan currently in effect under section 37 of the NDIS Act."

#### Your contact details

|  |  |
| --- | --- |
|  | Your daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Your evening phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Your mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Your home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | The name of someone we can contact if we can't get in touch with you:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Their phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### The service provider's contact details

|  |  |
| --- | --- |
|  | Daytime phone number: 0400599066 |
|  | Email address: Southburnett\_eal@outlook.com |  |

#### Signatures

By signing this Agreement, you agree to all of the information included.

|  |  |  |
| --- | --- | --- |
|  | Participant name: |  |
|  | Guardian Name:  Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: |  |
|  | Service provider name: |  |
|  | Signature: |  |
|  | Date: |  |
|  |  |