



Complete Choice

ABN 85643535497

Moblie:0466057770

Email : [info@completechoice.com.au](mailto:info@completechoice.com.au)

Website: [www.completechoice.com.au](http://www.completechoice.com.au)

23 Kent Road Macdonald Park SA 5121

## NDIS SERVICE AGREEMENT

### PARTIES

This Service Agreement is for \_\_\_\_\_, a participant in the National Disability Insurance Scheme (Participant), and is made between:

<b>PARTICIPANT:</b>	
<b>PARTICIPANT'S REPRESENTATIVE (if applicable):</b>	
and	
<b>PROVIDER:</b>	

This Service Agreement will commence on \_\_\_\_\_, for the period \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_.

This Service Agreement is made for the purpose of providing supports under the Participant's National Disability Insurance Scheme (NDIS) plan. 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 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.

A copy of the Participant's plan is attached (optional): Yes/No

### SCHEDULE OF SUPPORTS

The Provider agrees to provide the Participant (please see attached individualised service costs associated with services)

Sl.No	Service	Duration	Hourly cost	Total	
1.	<b>Support Coordination Line item:</b>				



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2	Psychosocial Recovery Coaching/Peer Support Line Item:				
3	Increased Community Participation. Line Item;				
4	Core Daily Living				01-011-0107-1-1
5	Core Community Social Civic Participation				04-104-0125-6-1

The maximum value of supports over the period of this service agreement is \$ \_\_\_\_\_

Transportation \$1 per KM will be charged

All prices are GST inclusive (if applicable) and include the cost of providing the supports.

## PAYMENTS

The Provider will seek payment for their provision of supports (delete options not relevant)

1. If the funding for any of the supports provided under this Service Agreement is managed by the Participant and/or Participant's Nominee:

The Participant/Participant's Nominee has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the Provider will provide a tax invoice for those supports.

2. If the funding for any of the supports provided under this Service Agreement is managed by the National Disability Insurance Agency:

The Participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, the Provider will claim payment for those supports from the NDIA.

3. If the funding for any of the supports provided under this Service Agreement is managed by a Registered Plan Management Provider:

The Participant has nominated the Plan Management Provider \_\_\_\_\_



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to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the Provider will claim payment for those supports from \_\_\_\_\_.

The Parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the Parties.

**The Participant/Participant's representative agrees to:**

- be responsible for ensuring the equipment purchased falls within the guidelines of the participant's plan
- ensure there are sufficient funds in the participant's budget to purchase the equipment requested
- treat the provider with courtesy and respect
- talk to the provider if the participant has any concerns about the supports being provided
- give the provider the required notice if the participant needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information), and
- 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 in the NDIS.

**The Provider agrees to:**

- once agreed, provide supports that meet the participant's needs in a timely manner
- advise of any delays or backorders with equipment orders
- communicate openly and honestly
- treat the participant with courtesy and respect
- consult the participant on decisions about how supports are provided
- give the participant information about managing any complaints or disagreements if required
- listen to the participant's feedback and resolve problems quickly
- give the participant the required notice if the provider needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information)
- protect the participant's privacy 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 the participant
- issue tax invoices of the supports delivered to the participant.



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## ENDING THIS AGREEMENT

Should either Party wish to end this Service Agreement they must give 5 business days' notice. If either Party seriously breaches this Service Agreement the requirement of notice will be waived. If Complete Choice want to end this agreement, they must tell you in writing and give you 28 days' notice.

## HOW TO CHANGE A SERVICE AGREEMENT

- Changes can be in writing, text or email or in person.
- You and Complete Choice need to agree on the changes (can Complete Choice accommodate the changes?).
- You may need to sign a new document saying that you agree with the changes.

## FEEDBACK. COMPLAINTS AND DISPUTES

If the Participant wishes to give the Provider feedback, report faulty products or has an issue with delivery the Participant can use the Provider contact details listed below.

23 Kent Road Macdonald Park SA 5121

Contact number 0466057770 Compliance Manager

0414890464 Director

If you do not have any success in getting your problem fixed, you can contact the NDIA on 1800 800 110, visit one of their offices or visit the NDIS Website.

## CONTACT DETAILS

The participant / the Participant's representative can be contacted on:

<b>PARTICIPANT:</b>	
<b>NDIS NUMBER:</b>	
<b>CARER'S NAME:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE #:</b>	
<b>EMAIL ADDRESS:</b>	



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The provider can be contacted on:

<b>BUSINES NAME:</b>	Complete Choice ABN 85643535497	
<b>CONTACT NAME:</b>		
<b>TELEPHONE #:</b>	0466057770 0414890464 Director	
<b>EMAIL ADDRESS:</b>	info@completechoice.com.au	
<b>ADDRESS:</b>	23 Kent Road Macdonald Park 5121	

**All parties agree to the terms and conditions of this agreement**

I confirm that I understand and agree to the terms of this agreement,

<b>PARTICIPANT NAME:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	

OR

This agreement has been explained to the person receiving the services and that they agree to this:

<b>PARTICIPANT REPRESENTATIVE:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	

<b>PROVIDER:</b>	..... for and on behalf of Complete Choice
<b>SIGNATURE:</b>	
<b>DATE:</b>	



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