TQN.Care
REGISTERED NDIS PROVIDER · SYDNEY & NSW

NDIS TEMPLATE · AGREEMENTS

Service Agreement

An agreement between a participant and provider setting out the supports to be provided and how they will work together.

Prepared for: _____ Date: _____

1 The parties

Participant name _____ **NDIS participant number** _____

Participant address _____

Provider / business name _____ **ABN** _____

Provider contact _____ **Phone / email** _____

2 Term of this agreement

Start date _____ **End date (or 'ongoing')** _____

3 Supports to be provided

Support	Frequency	Agreed rate

Fees are to be charged in line with the current NDIS Pricing Arrangements and Price Limits, and the amounts agreed above.

4 Provider responsibilities

- Provide supports in a safe, respectful and person-centred way
- Communicate openly and give the participant information to make informed choices
- Treat the participant with courtesy and respect their privacy and dignity
- Give reasonable notice if the provider needs to change or cancel a support
- Keep accurate records and issue regular invoices

5 Participant responsibilities

- Treat workers with courtesy and respect
- Tell the provider about any concerns or changes to their needs
- Give reasonable notice if they need to change or cancel a support
- Let the provider know if their NDIS plan is suspended, replaced or changed

6 Cancellations

Notice period for cancellation

Applies to

Any agreed cancellation terms.

7 Changing or ending this agreement

This agreement can be changed if both parties agree, in writing. Either party may end this agreement by giving the other reasonable notice in writing.

8 Feedback & complaints

How to give feedback or make a complaint to the provider.

You can also contact the NDIS Quality and Safeguards Commission if you wish to raise a concern.

9 Signatures

PARTICIPANT / REPRESENTATIVE

Full name

Signature

Date

PROVIDER REPRESENTATIVE

Full name

Signature

Date