

#### NDIS SERVICE AGREEMENT

This Service Agreement is for:

Participant Name:			
NDIS Number:			
Date of Birth:			
Gender:			
Phone / Mobile:			
Email:			
Address:			
Plan Dates:	Start:	End:	
Nominee/Authorised Representative:	Name:		Number:

This agreement is made between:

and

Provider LEAD PLAN MANAGER

Managing Director	Mohamed Alam		
Phone / Mobile	0422 383 600		
Email	admin@leadplanmanager.com.au		

[You / your representative]

This Agreement will commence, and the participant will become an active client of Lead Plan Manager, from the date it is signed.

This Agreement will be in effect from this date until we are notified otherwise by the Participant / Guardian / Nominated Representative.

The Agreement sets out the plan management and financial intermediary services that Lead Plan Managers will provide, and the Participant / Nominated Representative's rights and responsibilities to ensure that plan management supports are aligned with the Participant's NDIS plan.

# 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.



# **Responsibilities:**

#### We agree to:

- □ Review the provision of services at least annually with you
- Communicate openly and honestly in a timely manner, and treat you with courtesy and respect
- Give you information about managing any complaints or disagreements and listen to your feedback and resolve problems quickly
- Give you the required notice if the 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.

#### You / your representative agree to:

- ☐ Inform us about how you wish the service to be delivered to meet your needs
- □ Treat us with courtesy and respect
- Talk to us if you have any concerns about the service being provided
- 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.
- ☐ 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;

#### Consent to obtain and release information

I understand that while being a client of LEAD PLAN MANAGER, confidential information may need to be collected about me for the purposes of service provision. I also understand that my personal information may need to be shared with other people / parties so that they can also provide a high quality services to me. I hereby authorise the exchange and release of personal information between LEAD PLAN MANAGER

#### 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 1 month 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 or If you are not happy with the provision of supports and wishes to make a complaint, you can talk to our **Managing Director Mohamed Alam** on **0422383600**. If you are not satisfied or do not want to talk to the Director, 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 1800 035 544
- Or completing a complaint contact form online at <u>www.ndiscommission.gov.au</u>

# **Service Schedule**

#### PLAN MANAGEMENT

Service Type	Support Item	Rate	Units in Service Agreement Period	Total Cost
Plan Management and Financial Capacity Building – Set up Costs	14 033 0127 8 3	\$232.35	One Off	\$232.35
Plan Management – Financial Administration	14_034_0127_8_3	\$104.45	Monthly	\$1,253.4

#### TOTAL ANNUAL SERVICE AGREEMENT COST

\$1,485.75

Or as otherwise stated within the NDIS plan.

# 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.

#### **Agreement Signatures:**

#### (Please note if you do not have mental capacity a nominee must sign on your behalf) The parties agree to the terms and conditions of this Service Agreement:

I (the person completing this form & on the date completed) understand that this online form does not require a handwritten signature. I therefore acknowledge that ticking the box in the field below will act as my e-signature indicating my agreement to the Service Agreement above.

I declare that I have read and that I am approved to accept the terms and conditions of this Service Agreement

Name:

Name: Mohamed Alam (Director)

Date:

Signature:

Date:

Signature: Mohamed Alam

#### Save Form