**Generic Service Agreement**

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| --- | --- | --- |
| **Name of NDIS participant** |  | |
| **NDIS Reference No** |  | |
| **Plan Approval Date** |  | |
| **Date of Birth** |  | |
| **Address** |  | |
| **Phone Number** |  | |
| **Email Address** |  | |
| **Plan Manager** | **Self Managed** | Please tick if self managing for part of your Plan or specify the budget that you are self managing. |
| **Plan Manager** | Name of Plan Manager (Please tick) |
| **Plan Nominee** | Name: Phone: Email: |
| **Signatures** | | |
| **Your signature or Plan Nominee** | Name: |  |
| Signature: |  |
| Date: |  |
|  |  |  |
| **Signature of Your Business Name representative** | Name: |  |
| Signature: |  |
| Date: |  |

**1 This Service Agreement only relates to your agreement with Your Business Name Here**

NDIS and NDIA

The National Disability Insurance Scheme (NDIS) was established by the National Disability Insurance Scheme Act 2013 (Cth). The National Disability Insurance Agency (NDIA is the agency established to administer the NDIS.

**2 Service Agreement**

This Service Agreement is an agreement between Your Business Name and the NDIS Participant named above. It commences when you sign it and continues until either you or we terminate it under the terms provided for in the Service Agreement.

Schedule 1 of this Service Agreement lists the services you will purchase from Your Business Name using your NDIA funds.

**3 Your Responsibilities as Client**

a) Provide positive and negative feedback about our services so we can ensure they continue to meet your needs

b) Tell us immediately if your Plan is suspended, replaced, or you stop being a NDIS participant

c) Pay for services and equipment that you request that are not NDIS funded supports in your NDIS Plan

d) Treat us with courtesy and respect

4 Our Responsibilities as your Service Provider