



SERVICE AGREEMENT

This Service Agreement is between Plan For Me (your provider) and

Please insert NDIS participant's full name

This agreement confirms the responsibilities of both parties

FROM US

- Plan For Me will provide a personalised service that meets your needs with integrity and compassion
- Plan For Me will provide Plan Management services for you in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules, and the Australian Consumer Law (Competition and Consumer Act 2010-Schedule2) effective upon return of signed agreement
- Plan For Me will pay all service provider invoices and/or reimbursements which are within your approved budget. Claiming funding from the NDIA for the supports within your assigned categories
- Plan For Me will keep accurate records on the services provided to you and managed by Plan For Me
- Plan For Me will always communicate openly and honestly with you
- Plan For Me will treat you with courtesy and respect
- Plan For Me will listen to your feedback and resolve problems in a timely manner
- Plan For Me will provide you with additional information on ending this Service Agreement
- Plan For Me will always protect your privacy and confidential information
- Plan For Me will invoice the NDIS for our services in line with your budget

FROM YOU

- Inform Plan For Me if your plan is suspended or replaced with a new plan
- Treat Plan For Me with courtesy and respect
- Discuss with Plan For Me any concerns about the service that is being provided for you
- Inform Plan For Me how/who you would like to be notified of updates regarding your NDIS plan and budget tracking
- Provide Plan For Me with a copy of your NDIS plan and any current service agreements with other providers where applicable

COMPLAINTS AND DISPUTES

From time-to-time things do not always work out the way we would like and that's OK.

Clients are encouraged to provide feedback, positive or negative, about supports or services without fear of repercussion.

Plan For Me will make every reasonable effort to resolve the complaint quickly at the first point of contact to avoid or reduce distress to the complainant. Please contact our office at any stage for support.

If you or your nominee believes the above-mentioned has not been considered or are unhappy with the resolution, then the matter may be taken up with NDIS Quality and Safeguards Commissioner by:

- Phoning: 1800 035 544 (free call from landlines) or visiting <https://www.ndiscommission.gov.au/about/>. Interpreters can also be arranged.

PERSONAL INFORMATION

Plan For Me value the privacy of every individual's personal information. We will always comply with the Privacy procedure regarding the management of your information.

We will only collect and use personal data, including sensitive information that is necessary to fulfil the functions and activities of Plan For Me as determined by the nature of your interaction with us and where we have a lawful basis to do so.

Plan For Me are committed to the protection and proper handling of your personal and financial information in accordance with the Privacy Act 1988 (Cth).

In signing this service agreement, you also are consenting that Plan For Me may

- Retain your personal information on a controlled NDIA approved Client Management System
- Collect your information from third parties when it is impractical or unreasonable to collect it from you
- Share only relevant information with third parties to assist in providing you with the best support possible this would/may include but not limited to Service Providers, Support Coordinators, LAC's, NDIA, NDIS and nominees

YOUR DETAILS

First Name/s	
Surname Name	
Preferred Name	
NDIS Number	
Date of Birth	
Address	
Email Address	
NDIS Plan dates	

YOUR NOMINEE/GUARDIAN

Contact Name		
Contact Phone		
Email Address		
Relationship to Participant		
Preferred Contact Method	Phone <input style="width: 40px; height: 15px; border: 1px solid blue;" type="checkbox"/>	Email <input style="width: 40px; height: 15px; border: 1px solid blue;" type="checkbox"/>

SIGNIATURES

_____ Lee Mullane _____

Participant/Nominee

Authorised Delegate Plan For Me

Date _____

Date _____