SERVICE AGREEMENT

Support Worker (Provider): _____
Full Name: _____
Business Name (if applicable): _____
ABN: _____
Phone: _____
Email: _____

Participant (Client): _____
Full Name: _____
NDIS Number: _____
Plan Type: □ Self-Managed □ Plan-Managed
Plan Manager (if applicable): _____
Phone: _____
Email: _____

1. Purpose of This Agreement

This agreement outlines the **services provided**, **responsibilities of both parties**, and **payment terms** to ensure a clear and professional working relationship.

2. Services to be provided

The **Support Worker** agrees to provide the following services:

□ Personal Care
□ Social & Community Access
□ Daily Living Support
□ Life Skills Development
□ Transport Assistance
□ Other: _____

NDIS Line Items to be used (if applicable):

_____

_____

Days & Times of Support:
□ Ongoing support as required

□ Specific schedule: _____

Support Location(s):
□ Participant's home
□ Community activities
□ Other: _____

3. Rights & Responsibilities

Support Worker Responsibilities:

- Provide services in a safe, respectful, and professional manner.
- Adhere to the NDIS Code of Conduct and all relevant legal requirements.
- Maintain confidentiality and respect the participant's privacy and dignity.
- Keep accurate records of support provided.
- Give adequate notice for any changes to agreed services.

Participant Responsibilities:

- Respect the support worker's time, policies, and boundaries.
- Provide accurate information about support needs & health conditions.
- Notify the provider in advance if services need to be canceled or rescheduled.
- Ensure a safe and appropriate environment for support services.
- Provide feedback to improve service delivery.

4. Payment & Invoicing

- **Hourly Rate:** $_____ per hour
- **Travel Costs (if applicable):** $_____ per km
- **Invoicing Schedule:**
  □ Weekly □ Fortnightly □ Monthly
- **Payment Due:** Within _____ days of invoice issue
- **Payment Method:**
  □ Bank Transfer □ NDIS Plan Manager □ Other: _____

Cancellation Policy:

- **Less than 24 hours' notice** = Full session fee applies
- **No-show without notice** = Full session fee applies
- **More than 24 hours' notice** = No charge

Late Payment Policy:
If payment is not received within _____ days, a reminder will be sent. Failure to pay may result in service suspension.

5. Agreement Duration & Review

- This agreement starts on: _____ / _____ / 20_____
- This agreement ends on: _____ / _____ / 20_____ (or until reviewed/updated)
- This agreement will be **reviewed every:**
  □ 3 months □ 6 months □ Annually

6. Termination of Agreement

- This agreement may be terminated by either party with _____ days' notice in writing. Immediate termination may occur if: _____
- The support worker or participant fails to meet agreed responsibilities.
- There is a breach of NDIS Code of Conduct or misconduct.

7. Confidentiality & Privacy

- Both parties agree to maintain confidentiality of personal and sensitive information.
- Information will only be shared with relevant parties (e.g., NDIS Plan Managers) with written consent.
- Records will be securely stored and only used for professional purposes.

8. Dispute Resolution

- If any disagreements arise, both parties agree to discuss and resolve the issue respectfully.
- If an agreement cannot be reached, a third-party mediator (e.g., NDIS support coordinator) may be involved.

9. Signatures & Agreement Acceptance

By signing this agreement, both parties agree to the **terms outlined above** and will uphold their responsibilities.

Support Worker Signature:

_____ **Date:** _____ / _____ / 20_____

Participant (or Representative) Signature:

_____ **Date:** _____ / _____ / 20_____