

# NDIS SERVICE AGREEMENT

#### What is a Service Agreement?

When you agree to use your NDIS budget to pay for supports, you are entering into a contract with your provider. A service agreement is an agreement between you and your provider that makes it clear to what you have both agreed to. It is covered by Australian Consumer Law.

The NDIA recommends having a written service agreement, so participants and providers are clear about what each party has agreed to. For example, what supports will be delivered and how they will be delivered.

Please make sure you have read and understood our *Terms of Service* before completing this document. This Service Agreement must be signed for us to start delivering services.

### NDIS PARTICIPANT DETAILS

Participant's Full Name			
Participant Number			
Date of Birth			
Plan Duration	Start Date:	End Date:	

### **PLAN MANAGEMENT**

□ NDIS/Agency Managed □ Plan Managed □ Self-Managed

#### NB: Only complete this section if you are self-managing your plan or have a Plan Manager

Contact details for payment of your invoices		
Name/Company		
Phone		
Email Address		

### **TLCU CONTACT DETAILS**

Address:	Unit 4, 147-151 Belmont Avenue Belmont, WA, 6104
Phone:	08 9277 2988
Email:	rozanne@tlcu.com.au

My clinician is	
Name	
Email	

## CONSENTS

I give consent for:

- □ TLCU to create service bookings on the participant's behalf (for NDIS/Agency managed plans only)
- $\Box$  for the participant to receive products and services from students supervised by TLCU clinicians
- $\hfill\square$  for the participant to be photographed/recorded for training purposes
- □ for the participant to be photographed/recorded for social media purposes
- $\Box$  for TLCU to call with appointment reminders via telephone/mobile on \_\_\_\_\_
- $\Box$  for TLCU to perform surveys and information about service development opportunities

I give consent for TLCU to liaise with the following professionals/agencies involved in the care of the participant:

Professionals/Agencies	Contact Details (name of agency, contact person, their email/phone)
Education provider	
NDIS Planner	
Support Coordinator/LAC	
Specialist Service Provider	
GP/Medical Specialist	
🗆 Other	
🗆 Other	

Additional information and/or consents

This permission remains valid while the participant is receiving services from TLCU.

## SCHEDULE OF SUPPORTS

Support Category	Support Item	Rate	Budget \$	Qty	Budget Management
Consumables	03_060000911_0135_1_1 Low cost AT for prosthetics & orthotics	\$1.00	\$		Choose an item.
Improved Daily Living Skills	15_056_0128_1_3 Assessment, recommendation, therapy &/or training (inc. AT)	\$193.99 p/hr	\$		Choose an item.
Assistive Technology	05_500624304_0135_1_2 Minor prosthetic repair	\$510.50	\$		Choose an item.
Assistive Technology	05_500624305_0135_1_2 Major prosthetic repair	Choose an item.	\$		Choose an item.

\*\*All prices are GST inclusive (if applicable) and include the cost of providing the supports.

#### HOW WILL SUPPORTS BE PROVIDED

#### Consumables

Consumables will be distributed by the Prosthetist during appointments or as requested

#### **Prosthetic Hours**

Non face to face supports (such as plan review reports & AT reports/quotes), reviews, component inspections & maintenance will be provided by your Prosthetist.

#### **Physiotherapy Hours**

Non face to face supports (such as plan review reports), consults, manual physio sessions & outcome measures will be provided by your Physiotherapist

#### **Assistive Technology**

Minor repairs will be provided by your Prosthetist.

Major repairs & prosthetic devices require an AT (Assistive Technology) Report and quote to be submitted to the NDIS team for approval. Once NDIS has approved the request, NDIS will arrange a Service Booking and then a Prosthetist will be able to deliver the support/device to you. TLCU are unable to supply supports/devices prior to NDIS approval.

## PARTIES AND SIGNATURES

This Service Agreement is for a Participant in the National Disability Insurance Scheme (NDIS) and is made between the listed parties:

		TLCU
Participant or Representative	and	Service Provider
(i.e. parent/carer/guardian)		

TLCU will provide services to:

Participant Name	
Participant Number	

□ I have read, understood, and agree to TLCU's *Terms of Service* 

 $\Box$  I agree to notify TLCU of any changes that may affect this Service Agreement

Participant/Representative			
Signed:			
Signed: Name:	C	Date:	

#### Storage, Access, and Correction

All Disability Professional Service Providers are bound by the Privacy Act 1988. TLCU works to adhere to the Australian Privacy Principles, which regulates how we collect, use, disclose and store personal information, and how individuals may access, and correct personal information held by them.

For more information about how privacy and personal information is managed at TLCU, please contact us on 08 9277 2988 or via email <u>contact@tlcu.com.au</u>

#### Changes to this Service Agreement

If you would like to make changes to the services and/or products you are receiving, please speak with our Administration Staff on 08 9277 2988 or via email <u>rozanne@tlcu.com.au</u>. Requests to change this Service Agreement must be made in writing by email or letter and may result in us having to make changes to any relevant service bookings.

#### Ending this Service Agreement

Requests to end this Service Agreement must be made in writing with 1 months' notice. Any services provided used during this notice period will be charged. If agreed, the notice will be waived.