

National Disability Insurance Scheme (NDIS) Service Agreement

Updated 11/6/21

This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).

A copy of the participant's NDIS Plan is attached to this Agreement

- ☐ Yes, attached
- ☐ No, not attached

Note: you don't have to include your NDIS Plan if you don't want to.

The participant and the service provider agree that this Agreement is in line with the main ideas of the NDIS. These ideas include things like having more choices, achieving your goals and taking part in the community.

This agreement is made between:

Name of participant or trusted person: _____

Name of service provider:

Isabella Boccalatte of Eat Smart Nutrition Consultants

(This agreement will cease at the end-date of the participant's plan or, at an agreed upon time between the participant and provider).

Supports to be provided:

Type of support: Dietetic services

Services claimed for (circle) Capacity Building OR Assistance with Daily Living

How will they be provided: Child Development Network. The Terraces, Suite 7
/ 19 Lang Parade, Milton, QLD, 4064

Frequency of supports provided (e.g. fortnightly, monthly etc.):

Length (time) of consultation: 1 hour initial, 30 min standard review, 1 hour SOS
Food Therapy review.

Cost of supports per session (\$193.99 for 1 hour, \$105 for 30 mins)

**Reports will incur a cost for each report, dependent on time taken to
complete report (as per costing above)**

Approximate total cost of supports for service period:

Item	Frequency	\$ per item	Total per year
Initial consultation	Once off	\$193.99	\$193.99
Review consultations		\$105-193.99	
Reports	As required	\$105	
Other:			
Total			

Cancellation agreement: 50% charge of consultation fee if cancellation for any reason within 24 hours of appointment

Terms of Payments:

Please specify the type of funding within your NDIS plan:

☐ **Self-managed participant**

The participant is responsible for paying for the services or be invoiced directly from the provider. The participant then claims the payment from the MyPlace Participant Portal.

Payment can be made in-person or over the phone using EFTPOS or via electronic transfer to Eat Smart Nutrition Consultants.

☐ **NDIS plan managed participant**

You will need to provide your NDIS number, date of birth and surname so your provider can receive payments for services.

NDIS number: _____

DOB: _____

Plan Manager contact information:

Name/Company: _____

Phone: _____

Email: _____

Expectations

What is expected of the participant:

I, _____:

- Have the right to work with the provider to ensure that the services and supports meet my needs
- Have the right to be treated with dignity and respect regarding my choices and actions
- Have the right to determine the type of activities in which I take part in
- Have the right to request services in accordance to supporting my current needs
- Have the right to participate in the development of my support and acknowledge the cost of my supports
- Have the right to privacy and confidentiality

As a client, I will:

- Treat staff and others with respect and consideration at all times
- Respect the needs of myself and my provider
- Pay all fees owing by due dates
- Talk to the provider if I have any concerns about the support being provided
- Let my provider know if there are changes to my NDIS plan or if I stop using NDIS (providing 2 months' notice to permanently leave the service)
- Participate in the development and review of my support plan
- Cancel sessions no later than 24 hours before my appointment

What is expected of the service provider:

I, Isabella Boccalatte:

- Will respect the rights of the participant and support them in determining the types of activities beneficial for meeting their goals
- Will prepare a support plan with the client that outlines the activities they will undertake and support provided to the patient
- Will provide a copy of this document to the patient
- Will treat information about the client and their supports as private and confidential
- Will be responsible for managing and reporting funding of services
- Will advise the client of any sector-wide or Eat Smart Nutrition developments that may affect the way support is provided
- Will provide the client with 2 months' notice of intention to cease service provision.
- Will listen to feedback and alter the care provided where needed
- Will store records securely and privately
- Will resolve any problems that arise

What to do if there is a problem:

The Disability Act 2006 requires that Eat Smart Nutrition must:

- Have a clear process for managing complaints about our services
- Ensure the people we support know how to raise a complaint; and
- Report every year to the Disability Services Commissioner about the number of complaints we receive and how we managed these complaints

Goods and Services Tax:

Most services provided under the NDIS will not include GST. However, GST will apply to some services.

It is the service provider's responsibility to check whether GST does or does not apply.

By signing this Agreement, the service provider says that they have checked whether GST applies.

Participants Contact Details

Mobile number: _____

Home number: _____

Home address: _____

Email address: _____

Emergency/alternate contact: _____

Service Providers Contact Details:

Office number: 3369 3369

Mobile number: 0404 651 628

Email address: isabella@eatsmartnutrition.com

Signatures:

Participants name: _____

Participants signature: _____ Date signed: _____

Service Providers name: Isabella Boccalatte

Service Providers signature: _____ Date signed: _____