

AIDACARE SERVICE AGREEMENT

with Participants of: NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

NDIS Provider Number: 4050000496

AGREEMENT TERM	START DATE (From)		END DATE (To):	
PROVIDER	AIDACARE Pty Limited			
BRANCH NAME:		AIDACARE PROVIDER No:	4050000496	
E-MAIL:	@aidacare.com.au	PHONE:	1300 133 120	
PARTICIPANT	NAME			
NDIS NUMBER:		DATE OF BIRTH:		
PHONE:		E-MAIL:		
ADDRESS:				
REPRESENTATIVE	NAME	RELATIONSHIP		
PHONE:		E-MAIL:		

This NDIS Service Agreement is a written agreement between Aidacare (Provider) and you (Participant) which defines the terms of our engagement. It is not a *Service Booking*.

Most importantly, the *Service Agreement* provides a framework to ensure your legal and human rights are upheld so that you can freely exercise informed choice and control in the delivery of your services.

You can authorise your Representative (listed in the table above) to sign this Agreement on your behalf. A Representative may be a Family Member; Care-Provider; or Advocate. It is someone you trust to act on your behalf when engaging Aidacare.

An *NDIS Service Agreement* is also required for the provision of NDIS services for GST, record keeping and payment assurance purposes.

1. SCHEDULE OF SUPPORTS

- Aidacare agrees to provide the relevant *Supports*, as per your NDIS Plan.
- All invoiced/quoted prices are GST inclusive (if applicable) and invoices/quotes may also include separate line items for accessories, delivery, set-up and training, as required.
- Aidacare will supply a *Quote* upon your request.

2. RESPONSIBILITIES OF THE PROVIDER

The provider agrees to:

- Review the provision of *Supports*, to ensure they meet requirements;
- Communicate with you, with regards to your NDIS equipment & servicing requirements in an open, honest and timely manner.
- Ensure that your personal information is handled and stored in a way that protects your privacy.
- Provide the *Supports* in accordance with all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules, and the Australian Consumer Law;
- Keep accurate records on the *Supports* provided;
- Supply an Invoice to you for any *Self-Managed* components.

3. RESPONSIBILITIES OF THE PARTICIPANT or REPRESENTATIVE

The Participant or Representative agrees to:

- Nominate Aidacare as a Provider for Assistive Technology / Home Modification on the NDIS portal, as required.
- Advise Aidacare on how the *Supports* will be paid for (Self-Managed, Agency/NDIA Managed, Plan Management Provider) and supply all relevant information required for invoicing purposes.
- Inform Aidacare about how they wish the *Supports* to be delivered to meet the Participant's needs.
- Advise Aidacare if there are any changes, including contact details.

4. PAYMENTS

Aidacare will seek payment for the *Supports* that have been provided, in line with the National Insurance Agency (NDIA) price guide, at the date of service.

5. CHANGES TO YOUR SERVICE AGREEMENT

If changes are required to be made to this Service Agreement, both yourself and Aidacare must agree, and all changes must be in writing, signed and dated by both parties.

6. PROVIDING FEEDBACK AND COMPLAINTS

The NDIS *Complaints Management and Resolution Rules 2018* provide clear guidance on your rights and our responsibilities. We are required to ensure that we implement and maintain a system to manage and resolve complaints in a way that is easy for you to use and fair and efficient.

If you, your family or care-provider or advocate wish to provide feedback or make a complaint, you can do so in a number of ways:

- Verbally by calling 1300 133 120;
- Via the Aidacare website NDIS Feedback option, at: www.aidacare.com.au/contracts/national/ndis/
- Via the NDIS Quality & Safeguards Commission portal at: <https://www.ndiscommission.gov.au/about/complaints>

When you provide feedback or make a complaint, your complaint will be registered in our *Product & Service Non-Conformance System* and a team member will review your case and reach-out to you to discuss your complaint and work with you to find the best outcome.

7. INCIDENT MANAGEMENT

As a registered provider, the NDIS Incident Management and Reportable Incident Rules require us to have primary responsibility for preventing and managing all incidents relating to our client participants.

We are required to maintain systems to track incidents and manage the reporting of certain incident-types to the NDIS Quality & Safeguards Commission.

SIGNATURES:

Signed on behalf of AIDACARE:	Signed by, or on behalf of the Participant:
<hr/>	<hr/>
Aidacare Representative Signature	Participant / Representative Signature
Date of Signing	Date of Signing

8. CULTURAL & LANGUAGE REQUIREMENT

Please advise our staff of specific cultural considerations required by you at the time equipment assessment or delivery is arranged.

If *Translation & Interpreting Services* are required, you are advised to register with *TIS National* who will provide you with a client code. Call 131 450 (within Australia).

9. PRIVACY

More information regarding how we handle your personal data can be found on the Aidacare website www.aidacare.com.au/about-aidacare/privacy-statement

If you feel your personal data has not been appropriately managed by Aidacare, you have several options available to you including: Making a Complaint (refer para 6); or lodging a complaint to the Privacy Commission via: <https://www.oaic.gov.au/privacy/privacy-complaints/>

10. SERVICE BOOKINGS

You, the Participant and/or your Representative authorises Aidacare to process and approve a *Service Booking* (nominates the type of service, dates of support, and funding to be allocated to a given provider) on the *myPlace Portal*.

11. FEEDBACK & OPT-OUT

Your feedback is important to us and plays a key part in improving our processes to provide you with a better service. From time-to-time Aidacare may ask you to complete a **Customer Satisfaction Survey**. The outcomes of these surveys may also be included with our NDIS Quality & Safeguards Audit.

You have the right to 'Opt Out' of the survey process or inclusion in the NDIS Quality Audit at the time of our request or after that by making contact with us via the Feedback and Complaints mechanisms (refer para 6).

12. AUTHORISATION FOR THIS SERVICE AGREEMENT

The Participant and the person you have nominated to act on your behalf, known as your Representative, acknowledges:

- a. Have read and understands the Service Agreement document set out by Aidacare.
- b. Have signed this Service Agreement voluntarily.