

# NDIS SERVICE AGREEMENT

**Your NDIS Service Provider**

ABN: XX XXX XXX XXX

Date: 19/09/2025

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## PARTICIPANT INFORMATION

<b>Name:</b>	Emanuel Singh
<b>Date of Birth:</b>	03/09/2025
<b>NDIS Number:</b>	
<b>Phone:</b>	0478785167
<b>Support Category:</b>	capacity-building-support

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## SERVICE DETAILS

**Plan Type:** agency-managed

**Plan Period:** 09/09/2025 to 20/09/2025

**Client Goals:**

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## TERMS AND CONDITIONS

- Service Provision:** Your NDIS Service Provider agrees to provide support services in accordance with the participant's NDIS plan and this service agreement.

2. **Quality and Safety:** All services will be provided in accordance with NDIS Quality and Safeguarding Framework requirements.
3. **Complaints and Feedback:** The participant has the right to make complaints and provide feedback through our established procedures.
4. **Privacy and Confidentiality:** All personal information will be handled in accordance with the Privacy Act 1988 and NDIS requirements.
5. **Service Changes:** Any changes to services must be agreed upon by both parties and documented.
6. **Termination:** Either party may terminate this agreement with 14 days written notice.

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**Participant Signature**

Emanuel Singh

Date: \_\_\_\_\_

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**Provider Representative**

Your NDIS Service Provider

Date: \_\_\_\_\_