

# NDIS SERVICE AGREEMENT

**Your NDIS Service Provider**

ABN: XX XXX XXX XXX

Date: 05/10/2025

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## PARTICIPANT INFORMATION

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|--------------------------|-----------------------|
| <b>Name:</b>             | jASON A Singh         |
| <b>Date of Birth:</b>    | 30/09/2025            |
| <b>NDIS Number:</b>      | 2563296               |
| <b>Phone:</b>            | 0478785167            |
| <b>Support Category:</b> | CAPITAL_SUPPORT       |
| <b>Representative:</b>   | Emanuel Singh (CARER) |

## SERVICE DETAILS

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**Plan Type:** AGENCY\_MANAGED

**Plan Period:** 13/10/2025 to 02/11/2025

**Client Goals:**

QWE

**Support Goals:**

QWE

## TERMS AND CONDITIONS

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1. **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.

## ACCESSIBILITY REQUIREMENTS

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QWE

## CULTURAL CONSIDERATIONS

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QWE

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**Participant Signature**

jASON A Singh

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

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**Provider Representative**

Your NDIS Service Provider

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