

NDIS SERVICE AGREEMENT

Your NDIS Service Provider

ABN: XX XXX XXX XXX

Date: 08/10/2025

PARTICIPANT INFORMATION

Name:	Emanuel Singh
Date of Birth:	01/10/2025
NDIS Number:	
Phone:	0478785167
Support Category:	ACCOMMODATION

SERVICE DETAILS

Plan Type: AGENCY_MANAGED

Plan Period: 01/10/2025 to 26/10/2025

Client Goals:

HGFDS

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.

Participant Signature

Emanuel Singh

Date: _____

Provider Representative

Your NDIS Service Provider

Date: _____