

Service Agreement

NOTE: A Service Agreement can be made between a participant and a provider or a participant's representative and a provider. A participant's representative is someone close to the participant, such as a family member or friend or someone who manages the funding for supports under a participant's NDIS plan

5.2.1 Parties

This **Service Agreement** is
for:

A participant in the National Disability Insurance Scheme (participant), and is made between:

Participant and/or Participants Representative

And **Provider**

LCDS Disability Services Pty Ltd T/A
Connect to Home SDA Consultants

This Service Agreement will
commence on

For period:

to

5.2.2 The NDIS and this Service Agreement

This Service Agreement is made for the purpose of providing supports under the participant's NDIS plan.

The parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to support the independence and social and economic participation of people with disability, and enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

www.Connect2Home.com.au

Ph: 0448 634 817, (03) 430 90212

PO Box 35 Wendouree, Victoria, 3355

E: tony@Connect2Home.com.au

5.2.3 Schedule of supports

The provider agrees to provide the participant the following support:

The supports and their prices are set out in the attached Schedule of Supports. All prices are GST inclusive (if applicable) and include the cost of providing the supports. Additional expenses (i.e. things that are not included as part of a Participant's NDIS supports) are the responsibility of the participant and are not included in the cost of the supports. Examples include entrance fees, event tickets, meals, etc.

5.2.4 Responsibilities of the provider

The provider agrees to:

- review the provision of supports at least every three months with the participant
- once agreed, provide supports that meet the participant's needs at the participant's preferred times
- communicate openly and honestly in a timely manner
- treat the participant with courtesy and respect
- consult the participant on decisions about how supports are provided
- give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- listen to the participant's feedback and resolve problems quickly
- give the participant a minimum of 24 hour's notice if the provider has to change a scheduled appointment to provide supports
- give the participant the required notice if the provider needs to end the Service Agreement (see '[Ending this Service Agreement](#)' below for more information)
- protect the participant's privacy and confidential information
- provide supports in a manner consistent 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 to the participant
- issue regular invoices and statements of the supports delivered to the participant.

5.2.5 Responsibilities of the participant/participant's representative

The participant/participant's representative agrees to:

- inform the provider about how they wish the supports to be delivered to meet the participant's needs
- treat the provider with courtesy and respect
- talk to the provider if the participant has any concerns about the supports being provided
- give the provider a minimum of 24 hours' notice if the participant cannot make a scheduled appointment; and if the notice is not provided by then, the provider's cancellation policy will apply
- give the provider the required notice if the participant needs to end the Service Agreement (see '[Ending this Service Agreement](#)' below for more information), and
- let the provider know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS.

5.2.6 Payments

The provider will seek payment for their provision of supports after the participant or their representative confirms satisfactory delivery (cross out whichever does not apply).

The participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the provider will send the participant an invoice for those supports for the participant to pay. The participant will pay the invoice by EFT within 7 days.

The participant's Nominee manages the funding for supports provided under this Service Agreement. After providing those supports, the provider will send the participant's Nominee an invoice for those supports for the participant's Nominee to pay. The participant's Nominee will pay the invoice by EFT within 7 days.

The participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, the provider will claim payment for those supports from the NDIA.

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The participant has nominated the A Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the provider will claim payment for those supports.

5.2.7 Changes to this Service Agreement

If changes to the supports or their delivery are required, the parties agree to discuss and review this Service Agreement. The parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the parties.

5.2.8 Ending this Service Agreement

Should either party wish to end this Service Agreement they must give 14 days notice in writing. If either party seriously breaches this Service Agreement the requirement of notice will be waived. Once we receive notice of ending this service agreement, we will not claim any further funds from your NDIS account for new services. We may only claim for services already delivered. There is no early exit fee or other fee that will be deducted from your NDIS funds for ending a service agreement other than funds owed for work performed. The 14 days notice is for us to finalise our administrative procedures. It will be your responsibility to inform your NDIS representative that you require a new service provider.

5.2.9 Feedback, complaints and disputes

If the participant wishes to give the provider feedback, the participant can talk to Tony Herbert of Connect to Home SDA Consultants on ph: 0448 634 817 or email: tony@Connect2Home.com.au. If the participant is not happy with the provision of supports and wishes to make a complaint, the participant can talk to that same person. If the participant is not satisfied or does not want to talk to this person, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

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5.2.10 Informed Consent Verification

I have had each part of this document explained to me using clear and easy to understand terms. Where necessary the person explaining the document used tools and aids to help me understand. I am freely giving my consent to my support coordinator conducting inquiries and arranging actions on my behalf. I understand that I can remove this consent at any time.

Signature:	
Date:	

5.2.11 Dignity of Risk Verification

I have had it explained to me that I have the choice to choose or not choose any activity that may be a danger to me. I understand that as long as that choice does not amount to an immediate serious or fatal risk to me or someone else that is my choice. Also, that this freedom of choice may be contradicted by a law or guideline that over rules my choice. I understand that my coordinator or services may explain other options to me but that I do not have to accept them. Specific issues that matter to me that someone else might view as a risk could be described as:

Signature:	
Date:	

5.2.12 Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act), in the participant's NDIS plan currently in effect under section 37 of the NDIS Act;
- the participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
- the participant will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

5.2.13 Contact details

The *[participant/the participant's representative]* can be contacted on:

Contact details	
Mobile Phone [B/H] Phone [A/H]	
Email	
Address	
Alternative contact person	

The provider can be contacted on:

Contact name	Tony Herbert
Mobile	0448 634 817
Email	tony@Connect2Home.com.au

www.Connect2Home.com.au

Ph: 0448 634 817, (03) 430 90212

PO Box 35 Wendouree, Victoria, 3355

E: tony@Connect2Home.com.au

5.2.1 1 Agreement signatures

The parties agree to the terms and conditions of this Service Agreement including:

I have been given information on my rights and responsibilities while receiving service including how to exercise those rights and responsibilities. I have been told I can go to the service providers web site to get information on those rights and responsibilities along with resources to help me choose services that are appropriate for me including resources to help me be safe from abuse, violence, neglect and preventable injury. I have been told that I can go to the service providers web site to get information on groups and resources to help me exercise choice and control in connections to community, cultural, spiritual and language connections that suit my needs. I have also been told that Connect to Home SDA Consultants is a child safe organisation and has policies and procedures in place to help keep participants under the age of 18 safe while receiving service. I have been told that I can go to the service provider web site to review details of these child safe procedures. I have also been told that I can view a copy of the organisations informed consent statement and/or complaint form from the web site.

I do not need any assistance accessing these resources

The parties agree to the terms and conditions of this Service Agreement

Signature of Participant and/or representative.

Name of Participant/Representative

Date

Signature of authorised person from provider

Name of authorised person from provider

Date

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5.2.14 Schedule of supports

Support List the name of the support.	Description of support List the details of the support, including scope and volume.	Price and payment information List the price of the support (e.g. per hour / per session / per unit) and whether NDIS funding for the support is managed by the Participant, Participant's Nominee, the NDIA, or a Registered Plan Management Provider.	How the support will be provided List how, when, where, and by whom the support will be provided.
Coordination of Supports	Number of units Full funded amount	Line item number 07_002_0106_8_3 \$100.14 per unit (hour) ❖ <i>This unit figure may be adjusted in line with any price increases issued by the NDIS as part of the NDIS price guide structure.</i>	Further qualifications/experience required to strengthen a participant's ability to design and the build their supports with an emphasis on linking the broader systems of support across a complex service delivery environment. Coordination of Supports is to focus on supporting participants to direct their lives, not just their services. This may include resolving points of crisis and developing resilience in the participant's network.

Appendix A:

Special conditions of service requested

I would like special emphasis placed on finding and managing NDIS services for me.	Choose an item.	I rate this as priority number
I would like special emphasis on connecting me to mainstream services.	Choose an item.	I rate this as priority number
I would like special emphasis placed on appeals and processes with the NDIS and other departments.	Choose an item.	I rate this as priority number
I have another area I want paid special attention to (please name)	Click or tap here to enter text.	I rate this as priority number

Appendix B

Billable Hours Guide for Support Coordination

The NDIS Price Guide allows for some service situations that the provider CANNOT charge for. It also allows for some services the provider must provide. For example, the provider is expected to prepare and submit reports to the NDIS at set time intervals. There are also some discretionary services that the provider may provide to the participant that are either direct to the participant or non-face to face. A non-face to face service is any service done about or on behalf of the participant to help the participant receive a service. For example, a provider may charge for reading specialist reports if authorized by a participant.

Services the provider cannot expect the participant to pay.

Support	Description of support
Pre engagement visits	Meeting the participant to agree to a service.
Developing and agreeing service agreements.	Preparing and signing an agreement
Entering or amending participant details into system.	Initial set up of the client file
Marking participant service time changes.	Changing appointment.
Staff/participant travel monitoring and adjustment.	Changing travel arrangements
Ongoing NDIS plan monitoring	Reviewing the client file to ensure funds and programs are on track.
Completing a quoting tool.	Writing a quote for the participant or other agency for example the NDIS
Making service bookings and payments claims.	Doing pay runs and/or booking funds for use from the participant plan.

Services that come out of the participant plan that must be done.

Reports to the NDIS describing services delivered and any service issues arising. Generally, two reports are done. The first at the 8 week mark after the plan starts and 8 weeks before the plan ends. More reports than this can be requested by the NDIS and are generally listed in the plan.

Support	Description of support	Time Claimed	Task not to be performed
Eight-week progress report to NDIA.	Progress report on services delivered	1-2 hours depending on complexity	N/A
End of year progress report to NDIA	Final report before plan review	1-2 hours depending on complexity.	N/A
Short notice cancellation fees	A fee of 100% of the hourly support if less than 2 business days is given to cancel an appointment and the provider cannot find alternate duties to fill in the time put aside for the participant.	Varies	N/A

Discretionary or optional services.

These services can be opted out of by the participant or their nominee. Doing this may have a negative impact on how effectively the provider is able to deliver service. Many of these optional services are non-face to face services. Many of these services also have a capacity building focus.

These hours cited may vary by up to 20% under or over times listed depending on the circumstances of the task performed. Where the task exceeds these time frames a note will be made in the client file explaining the excess time used to complete the task. Where a task requires significantly more time billed to the participant NDIS fund the participant will be consulted prior. Some tasks cannot be identified by specific time measures before conducting the action. Please nominate if you **DO NOT** want us to perform a listed action on your

behalf. This may mean we will ask you to perform this action as part of the support coordination process.

These services will be billed to the NDIS plan using the same claim line item as service was delivered under. For example, if support coordination services are billed to NDIS line item number 07_002_0106_8_3 at \$100.14 per hour and travel is claimed for half an hour and invoice for \$50.07 to that line item would be generated.

Support	Description of support	Time Claimed	Task not to be performed
Phone calls	Includes time to look up number, phone call and case noting.	15 minutes	<input type="checkbox"/>
Emailing	Includes time to look up email details, reply and case noting.	15 minutes	<input type="checkbox"/>
Travel	Travelling from office or other location to see the participant.	Varies	<input type="checkbox"/>
Referrals	Includes writing request for service, phone calls and emailing.	15 minutes to 2 hours depending on complexity.	<input type="checkbox"/>
Researching and finding providers	Includes on-line searches and other inquiries to find providers.	Undefined.	<input type="checkbox"/>
Going with you or on your behalf to visit service providers.	Meeting with service providers to evaluate service offering and to negotiate terms of service.	Undefined	<input type="checkbox"/>
Reviewing service agreements	Reading and evaluating proposed service agreements from other service providers for fairness and relevance to participant needs.	15 minutes to 1 hour	<input type="checkbox"/>
Reading specialist reports	Reading and evaluating specialist reports such as psychology and other specialists.	Undefined	<input type="checkbox"/>
Writing letters and reports.	Writing letters to agencies and other people on your behalf	30 minutes to 1 hour.	<input type="checkbox"/>

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Support	Description of support	Time Claimed	Task not to be performed
	other than NDIS progress reports. For example, letters to doctors on your behalf.		
Inquiries with NDIS/NDIA	Ringling or visiting NDIS on your behalf including inquiries into you NDIS account where authorized and required.	15 minutes to 1 hour.	<input type="checkbox"/>
Writing case notes	Recording case notes on your client file so progress is recorded and for the information of other people.	15 minutes to 1 hour	<input type="checkbox"/>

Exclusions Nominated:	<input type="checkbox"/>
Exclusions Not Nominated:	<input type="checkbox"/>
Name and Signature:	



PARTICIPANT DETAILS:

Full Name:	Click or tap here to enter text.
NDIS Number:	
Plan Start Date:	Click or tap to enter a date.
Plan End Date:	Click or tap to enter a date.
Date of Birth:	
Gender:	Choose an item.
Contact Phone Number/s:	Click or tap here to enter text.
Email Address:	Click or tap here to enter text.
Residential Address:	Click or tap here to enter text.
Aboriginal or Torres Strait Islander?	Choose an item.
CALD Community?	Choose an item.
Interpreter Required?	Choose an item.

MEDICAL BACKGROUND INFORMATION:

<p>Do you have any medical conditions, treatments, or other health issues that you would like us to know about? With your consent we may share this information with service providers we refer you to.</p>	<p>Choose an item.</p>
<p>If you answered yes to a medical condition. Can you tell us a bit about it including any medication or regular treatment you need?</p>	<p>Click or tap here to enter text.</p>

FAMILY MEMBERS AND/OR SUPPORTERS YOU WOULD LIKE INVOLVED:

<p>Do you wish to nominate people in your life that you would like to be included in how you receive services from Connect to Home SDA Consultants ?</p>	<p>Choose an item.</p>
<p>If you answered yes to the question above can you explain which term best describes that person or people.</p>	<p>Choose an item.</p>



HOW YOU WOULD LIKE YOUR SUPPORTERS INVOLVED

<p>If you answered yes to someone else been involved in how you receive service can you describe how you would like that person or people to be involved.</p>	<p>Click or tap here to enter text.</p>
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INFORMATION ABOUT ANY SPECIAL NEEDS YOU MIGHT HAVE

<p>Do you have any special needs or other reasons to need immediate assistance from this or another service? You can choose from a list of examples.</p>	<p>Choose an item.</p>
<p>Would you be happy to go on a waiting list if no services are available?</p>	<p>Choose an item.</p>
<p>Do you have any special needs that we may need to make adjustments for to help you receive service such as communication or physical assistance aids?. Please explain those needs</p>	<p>Choose an item.</p>

INFORMATION ABOUT ANY SPECIAL NEEDS YOU MIGHT HAVE (CONTINUED)

<p>Do you identify as belonging to a particular social group or culture that you would like to be included in terms of how we deliver service to you?</p>	<p>Choose an item.</p>
<p>Can you tell us how you would like this unique group or culture attended to?</p>	

AN OVERVIEW OF YOUR HOUSING NEEDS:

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Ph: 0448 634 817, (03) 430 90212

PO Box 35 Wendouree, Victoria, 3355

E: tony@Connect2Home.com.au

ABN: 57628353051

NDIS Registration No: 4050066158



OUR INTAKE POLICY GUIDELINES

Connect to Home SDA Consultants only accepts people for service who are eligible for National Disability Insurance Scheme (NDIS) funding. NDIS participants seeking service from Connect to Home SDA Consultants must have a housing goal in their NDIS plan and funds allocated. Our set rate for service is 40 units. This payment is claimed once the SDA reporting is finalised with the NDIA SDA panel. Where NDIS participants do not have a housing goal in their NDIS plan or funds allocated a fee may be applied to assist with seeking a change to that plan. Any other person seeking service will be assessed for referral to other services.

WHAT WE DO TO KEEP YOU SAFE WHILE RECEIVING SERVICE

You can go to our website www.connect2home.com.au for a copy of our policies and procedures on how we protect your rights including your right to make a complaint or receive service in a child safe way. If you cannot access the web site let us know and we will arrange an alternative way of letting you know what these rights and resources are.

Clients name:	
Clients signature:	
Date:	



SUPPORTER DETAILS:

Full Name:	
NDIS Number of person you support:	
Plan Start Date:	
Plan End Date:	
Date of Birth:	
Gender:	
Contact Phone Number/s:	
Email Address:	
Residential Address:	
Aboriginal or Torres Strait Islander?	
CALD Community?	
Interpreter Required?	



SUPPORT RELATIONSHIP:

<p>What is your relationship to the NDIS participant ?.</p>	
<p>Do you wish to be involved with how the NDIS participant receives services from Life Connect Disability Services ?.</p>	
<p>Can you describe how you would like to be involved. ?.</p>	



**INFORMATION ABOUT ANY SPECIAL NEEDS YOU MIGHT HAVE THAT WE CAN
HELP WITH SO YOU CAN SUPPORT THE NDIS PARTICIPANT:**

<p>Do you have any special needs that need attention so you can overcome any barriers to been a supporters of the NDIS participant ?.</p>	
<p>Can you describe those needs.</p>	
<p>Do you identify as belonging to a particular social group or culture that you would like to be included in terms of how we deliver service to you?</p>	

INFORMATION ABOUT ANY SPECIAL NEEDS YOU MIGHT HAVE (CONTINUED)

<p>Do you belong to a special group identified as vulnerable by legislation that necessitates your immediate entry to this service or referral to another service. You can pick from the list of vulnerable groups.</p>	
<p>If you identified as belong to a particular social group, culture or vulnerable persons group what services do you need arranged to suit your special needs ?.</p>	

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Supporters name:	
Supporters signature:	
Date:	

INFORMATION RELEASE AUTHORITY FORM

I authorise Connect to Home SDA Consultants to release or received information relating to me to agencies and/or people listed on this form. I understand this may occur in relation to a service I am receiving or want to receive. I understand that information released may come direct from myself or from other sources and may include information about my health, where I live, schooling and jobs I participated in. I understand that this authority will be valid until I finalise receiving services.

Participant Name:	
Participant Address:	
Participant Phone (landline):	
Participant Phone (mobile):	
Participant Email/s:	

I authorise Connect to Home SDA Consultants to collect, receive, and exchange personal information from all agencies and other people about me that relates to the coordination of my NDIS plan and funds. This authorisation relates to any agency able to participate, aid or support that process. I realise this authority relates to during my initial intake for service or at any time after while I am receiving service from Connect to Home SDA Consultants. I also understand that I can give full authorisation to Connect to Home SDA Consultants by ticking the box marked "Yes" below or I can pick which services are allowed to exchange information by ticking the boxed marked "No" and then writing down which agencies can exchange information with Connect to Home SDA Consultants.

Yes I authorise information exchange between Connect to Home SDA Consultants and any other agency.	<input type="checkbox"/>
No. I would prefer to nominate persons and agencies for information exchange as listed below.	<input type="checkbox"/>

Full name	
Signature	
Witness (carer/supporter)	
Date	

Information privacy

Connect to Home SDA Consultants is committed to protecting the privacy of your personal information. Personal information is information which directly or indirectly identifies a person. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We will not use your information for any other purpose other than those listed on these forms, to provide services to you, or without your consent, unless the law requires us to do so.

You can access your information through the *Freedom of Information Act 1982* or through the *Privacy and Data Protection Act 2014*. For information about Freedom of Information requests, call 1300 650 172 or apply online at www.foi.vic.gov.au.

To receive this publication in another accessible format, speak to your Connect to Home SDA Consultant representative and request alternative formats or services such as using the National Relay Service 13 36 77 or the Victorian Interpreter Service on 03 9280 1955 if required.



If you choose to identify specific agencies please write the name of the agency.

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Form

Consent for the NDIA to share your information

Please complete and sign this form to give the National Disability Insurance Agency (NDIA) permission to share your information on your behalf. The information we will share will depend on the permission you give us on this form. For example, you can agree to us sharing information to a third party about:

- you
- your plan or your funded supports
- your medical reports held by us
- your NDIS plan being developed
- requests asking us to review a planning decision we have made.

You do not have to give your permission if you do not want to share your information. If you give us permission and then decide that you don't want us to share your information anymore, you can withdraw your consent by contacting us. You can do this in writing or verbally.

We will not share your personal information to anyone unless you have given your permission or the disclosure of your information is required or authorised by law.

Note: You can provide your consent to share your information with up to three people and/or organisations on this form.

How do I return this form to the NDIA?

- **Email:** enquiries@ndis.gov.au
- **Mail:** NDIA, GPO Box 700, Canberra ACT 2601
- **In person:** Visit a **Local Area Coordinator, Early Childhood Partner** or **NDIS Office** in your area.



Form

Part A: Participant details

Note: If you are **not** the participant and you are a child representative, plan nominee or legally appointed decision maker, please complete this section about the participant you are representing.

Full name	
Date of birth (DD/MM/YYYY)	
NDIS participant number	
Preferred contact details (phone number, email address, etc.)	

Part B: Child representative, plan nominee, legally appointed decision maker details

Please provide your details in this section if you are completing this form on behalf of a participant:

- under 18 years for whom you have parental responsibility, or a child representative
- for whom you are a plan nominee, or
- for whom you are a legally appointed decision maker (for example, a guardian).

The NDIA may ask you to provide confirmation that you are authorised to represent the participant and to verify your identity.

Please mark the relevant box below to indicate your relationship to the participant

- Child representative
- Plan nominee
- Legally appointed decision maker

Participant representative full name	
Preferred contact details (phone number, email address, etc.)	

Form

Part C: Third party details and consent

I consent to the NDIA giving information about me (or the participant I am representing who is identified in [Part A](#) of this form), to the following people and/or organisations.

Note: In this part, you can provide the details of up to three people and/or organisations.

3.1 Person and/or organisation 1

Full name	
Organisation	

3.1a Please mark the relevant boxes below to indicate the information you give consent to share with this person and/or organisation

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my Carers
- Details about my Informal supports
- Details about my Service providers

My NDIS information

- The assessments and reports held about me by the NDIA
- My NDIA Access Request Form
- A copy of all parts of my current NDIS Plan
- A copy of my current NDIS Plan's Goals and Aspirations
- A copy of my current NDIS Plan's funding and support
- My NDIS Contact
- A copy of all parts of my previous NDIS Plan/s
- A copy of my previous NDIS Plan/s Goals and Aspirations
- A copy of my previous NDIS Plan/s funding and support

Any other information

- If so, please specify what this information is below:



Form

3.1b Please mark the relevant boxes below to indicate the purpose of your consent for us to share this information

- My NDIS Access request
- To prepare my first NDIS plan
- To review my NDIS plan
- To implement my NDIS plan
- To review a decision made by the NDIA
- To discuss an enquiry, complaint or feedback
- To discuss a provider payment query
- To discuss a provider quote
- To discuss an Administrative Appeals Tribunal request
- To discuss compensation I am or will be receiving
- Other. Please specify below:

3.1c Please mark the relevant box below to indicate the length of time you are providing the consent for

- Ongoing
- For the duration of my current NDIS plan
- For a set time ending (DD/MM/YYYY):
- Once only

3.2 Person and/or organisation 2

Full name	
Organisation	

3.2a Please mark the relevant boxes below to indicate the information you give consent to share with this person and/or organisation

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my Carers
- Details about my Informal supports
- Details about my Service providers



Form

My NDIS information

- The assessments and reports held about me by the NDIA
- My NDIA Access Request Form
- A copy of all parts of my current NDIS Plan
- A copy of my current NDIS Plan's Goals and Aspirations
- A copy of my current NDIS Plan's funding and support
- My NDIS Contact
- A copy of all parts of my previous NDIS Plan/s
- A copy of my previous NDIS Plan/s Goals and Aspirations
- A copy of my previous NDIS Plan/s funding and support

Any other information

- If so, please specify what this information is below:

3.2b Please mark the relevant boxes below to indicate the purpose of your consent for us to share this information

- My NDIS Access request
- To prepare my first NDIS plan
- To review my NDIS plan
- To implement my NDIS plan
- To review a decision made by the NDIA
- To discuss an enquiry, complaint or feedback
- To discuss a provider payment query
- To discuss a provider quote
- To discuss an Administrative Appeals Tribunal request
- To discuss compensation I am or will be receiving
- Other. Please specify below:



Form

3.2c Please mark the relevant box below to indicate the length of time you are providing the consent for

- Ongoing
- For the duration of my current NDIS plan
- For a set time ending (DD/MM/YYYY):
- Once only

3.3 Person and/or organisation 3

Full name	
Organisation	

3.3a Please mark the relevant boxes below to indicate the information you give consent to share with this person and/or organisation

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my Carers
- Details about my Informal supports
- Details about my Service providers

My NDIS information

- The assessments and reports held about me by the NDIA
- My NDIA Access Request Form
- A copy of all parts of my current NDIS Plan
- A copy of my current NDIS Plan's Goals and Aspirations
- A copy of my current NDIS Plan's funding and support
- My NDIS Contact
- A copy of all parts of my previous NDIS Plan/s
- A copy of my previous NDIS Plan/s Goals and Aspirations
- A copy of my previous NDIS Plan/s funding and support

Form

Any other information

If so, please specify what this information is below:

3.3b Please mark the relevant boxes below to indicate the purpose of your consent for us to share this information

- My NDIS Access request
- To prepare my first NDIS plan
- To review my NDIS plan
- To implement my NDIS plan
- To review a decision made by the NDIA
- To discuss an enquiry, complaint or feedback
- To discuss a provider payment query
- To discuss a provider quote
- To discuss an Administrative Appeals Tribunal request
- To discuss compensation I am or will be receiving
- Other. Please specify below:

3.3c Please mark the relevant box below to indicate the length of time you are providing the consent for

- Ongoing
- For the duration of my current NDIS plan
- For a set time ending (DD/MM/YYYY):
- Once only



Form

Part D: Your declaration

Please note: NDIS participants' aged 18 and over have other options instead of signing this consent form.

- If you are unable to sign in [Part D](#), you may provide verbal consent to the NDIA, or
- You can direct someone aged 18 and over to sign (your 'delegate') in the presence of a witness.

If you direct a delegate to sign on your behalf, your delegate and witness needs to complete [Part E](#). Otherwise, please sign, below.

By signing this consent form (please mark each box below):

- I understand I can obtain further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. You can find this information on the NDIS website (ndis.gov.au/privacy).
- I understand I have given the NDIA consent to give information about me to the third party or parties I have listed at [Part C](#) on this form so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.

Signature	
Name	
Date (DD/MM/YYYY)	

If you are not the participant, please mark the relevant box below to indicate your relationship to the participant

- Child representative
- Plan nominee
- Legally appointed decision maker (please provide the NDIA with details of this appointment if not already provided).

Form

Part E: Your delegate's declaration

Please note: This section is **only** to be completed if you, the participant, is unable to sign this form in [Part D](#). Instead, your chosen 'delegate' must be aged 18 and over and can sign in the presence of a witness.

Signature of participant's delegate	
Name of participant's delegate	
Signature of witness	
Name of witness	
Date (DD/MM/YYYY)	

Witness certification (please mark each box below):

- I certify this document was signed by the delegate in the presence of the person providing consent
- I certify that consent was provided freely and voluntarily; and
- I certify that the person providing consent has decision making capacity in relation to the provision of consent provided.

Form

Privacy and your personal information

Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

The NDIA's privacy policy describes

- how we use your personal information.
- why some personal information may be given to other organisations from time to time.
- how you can access the personal information we have about you on our system.
- how you can complain about a privacy breach, and how the NDIA deals with the complaint.
- how you can get your personal information corrected if it is wrong.

You can find the policy at the NDIS website ([ndis.gov.au/privacy](https://www.ndis.gov.au/privacy)).

Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can't record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.

INDIVIDUAL GOAL PLAN:

PARTICIPANT DETAILS:

Full Name:	
NDIS Number:	
Plan Start Date:	
Plan End Date:	
Date of Birth:	
Gender:	
Contact Phone Number/s:	
Email Address:	
Residential Address:	
Aboriginal or Torres Strait Islander?	
CALD Community?	
Interpreter Required?	

Participant Goals during this Plan

Plan Goal 1:	
Plan Goal 2:	
Plan Goal 3:	
Plan Goal 4:	
Plan Goal 5:	

My needs and preferences I would like considered during this plan:

My priorities for receiving service I would like followed.

NDIS Services to be supplied:

Mainstream connections:

Community Support Connections:

My plan for continuity of supports if something changes:

My current worker:	
Who will replace them if they leave or something else changes ?	

DIGNITY OF RISK AS IT RELATES TO ME:

I have had it explained to me that I have the choice to choose or not choose any activity that may be a danger to me. I understand that as long as that choice does not amount to an immediate serious or fatal risk to me or someone else that is my choice. Also, that this freedom of choice may be contradicted by a law or guideline that over rules my choice. I understand that my coordinator or services may explain other options to me but that I do not have to accept them. Specific issues that matter to me that someone else might view as a risk could be described as:

--

Signature of participant:	
Date:	

INFORMED CONSENT:

I have had each part of this document explained to me using clear and easy to understand terms. Where necessary the person explaining the document used tools and aids to help me understand. I am freely giving my consent to my support coordinator conducting inquiries and arranging actions on my behalf. I understand that I can remove this consent at any time.

Signature of participant:	
Date:	

ACCEPTANCE OF CONTENTS OF THIS DOCUMENT IN TOTAL:

I accept that I have supplied the contents of this document and wish to work towards these goals and actions.

Signature of participant:	
Date:	

Review dates:

1st review date:	Any changes	Yes <input type="checkbox"/>	Signature of participant:	
		No <input type="checkbox"/>	Signature of Support Coordinator:	

2nd review date:	Any changes	Yes <input type="checkbox"/>	Signature of participant:	
		No <input type="checkbox"/>	Signature of Support Coordinator:	

3rd review date:	Any changes	Yes <input type="checkbox"/>	Signature of participant:	
		No <input type="checkbox"/>	Signature of Support Coordinator:	

4th review date:	Any changes	Yes <input type="checkbox"/>	Signature of participant:	
		No <input type="checkbox"/>	Signature of Support Coordinator:	

Compliment, complaint form & feedback form

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services. We will use any information you give us to make sure our service is working well and any barriers to service are improved and put into a plan to get better at how we deliver service.

Indicate your response below with an X.

This is a:	compliment	<input type="checkbox"/>	complaint	<input type="checkbox"/>	feedback	<input type="checkbox"/>
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Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Personal details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
NDIS Number:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Do you require an interpreter?

yes		no		If yes , which language?	
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

no (<i>go to Section 4</i>)		yes	
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Section 2: Feedback made on another person's behalf:

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
NDIS Number:	
Telephone number:	
Mobile number:	
Email address:	

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the service?

(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

yes		no	
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If **yes**, please provide details:

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Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

yes		no	
-----	--	----	--

If **no**, please provide the reason why:

Are we able to speak with the person who received the service? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

Section 3: Other person's consent for feedback made on their behalf:

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, the person named below give permission to my supporter or other person to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Name:		Date:	
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Section 4: Please provide details of the service that the feedback concerns:

Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

- ❖ Please be advised to Connect to Home SDA Consultants cannot take action on a complaint about another service other than to forward on details you supply if the situation mandates it. If the complaint is about Connect to Home SDA Consultants please list us as the service provider in section 4.

Section 5: Please state your concerns:

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? (Indicate your response with an X)

yes		no	
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If **yes**, with whom and what was the outcome?

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

Connect to Home SDA Consultants is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Connect to SDA Consultants will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others who deal with the matters identified in your feedback.

If you choose to remain anonymous, Connect to Home SDA Consultants may be unable to deliver the full range of services you require.

If you wish to contact Connect to Home SDA Consultants who are responsible for managing the personal information that you provide on this form, please call the owner and manager, Tony Herbert on **0448 634 817**. Alternately you can email Tony Herbert at: tony@Connect2Home.com.au.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact Tony Herbert, manager at Connect to Home SDA Consultants on **0448 634 817**.

Section 9: More Information About Your Rights

If you would like more information on how Connect to Home SDA Consultants will respond to your complaint you can view a copy of our Complaints and Compliments Policy on our web site at www.Connect2Home.com.au. You can also view resources to agencies such as the National Disability Insurance Agency Quality and Safeguards Commission who can investigate a complaint on your behalf or give you more information. If you have difficulty accessing this policy or understand its contents you can contact Tony Herbert, manager at Connect to Home SDA Consultants on 0448 634 817 or tony@Connect2Home.com.au. Information will be supplied to you in a different and more understandable format to suit your needs if you need that.

If you would like more information on resources and options available to you to lodge a complaint or a compliment outside the services of Connect to Home SDA Consultants you can contact organisations listed in our links page for additional support also on our web site. If you have difficulty accessing the web page or understanding its contents you can contact Tony Herbert, manager at Connect to Home SDA Consultants on 0448 634 817 or tony@Connect2Home.com.au. Information will be supplied to you in a different and more understandable format to suit your needs.

Section 10 : Declaration

Paragraph declaring information provided is true and correct.

www.Connect2Home.com.au
Ph: 0448 634 817, (03) 43090212
PO Box 35 Wendouree, Victoria, 3355
E: tony@Connect2Home.com.au



Signature:		Date:	
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Thank you for taking the time to provide feedback about our service.