



1.1 5 - Service Agreement

Camp Kiah service agreements will be provided and created for any young person accessing services via a NDIS pathway, or with another funding body that requires a Service Agreement to be created.

Each Service agreement is edited to be relevant for the young person and the services being provided. Every Service agreement will include the following;

- Supports being provided
- Cost of identified supports
- Responsibilities of the provider
- Responsibilities of participant or representative
- Payment methods and timeframes
- Language and format that can be understood by the participant
- Duration of the agreement
- Dispute resolution processes

NDIS Service Agreement

Please complete all fields and provide a copy to the Participant and the Service Provider

If you have any queries, please feel free to contact Camp Kiah on 0490252518

Participant Name:

This **Service Agreement** is made between

Provider: Camp Kiah Pty Ltd ABN: 15 615 893 091	Contact PO Box 5023, Colliver VIC 3630 Phone 0490 252 518 Email admin@campkiah.com.au
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and

Participant or Representative Name: DOB: NDIS Plan Number:	Participant or Representative Address: Phone:	My Plan is Self Managed, Plan Managed or NDIS Managed: Agency: Support Coordinator:
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Commencing this Service Agreement

This Service Agreement will commence on **16th of September** and end **on 23rd of September 2022**

Schedule of Support Services

The provider agrees to provide the Participant the support services as listed in the Schedule of Services below -

Support	Cost	Frequency of Support	Total Cost of Support
TOTAL COST OF SCHEDULE OF SUPPORT			

Ending this Service Agreement

Should either you or Camp Kiah wish to end this Service Agreement, one month's notice must be given in writing. If there is a serious breach of this Service Agreement by either you or Camp Kiah, the requirement of the notice will be waived.

Responsibilities of Camp Kiah

Camp Kiah agrees to:

- Communicate openly and honestly and in a timely manner
- Treat the Participant and/or the Participant's representative with courtesy and respect
- Consult the Participant and/or the Participant's representative on decisions about how supports are provided
- Give the Participants and/or the Participant's representative the required notice if Camp Kiah needs to end the Service Agreement
- Protect the Participant's privacy and confidential information
- Provide the Participant with details of any relevant changes to the availability or ability to provide the proposed support

Responsibilities of you or your representative

Participant and/or Participant's representative agree to:

- Communicate openly and honestly and in a timely manner
- Treat Camp Kiah's representatives with courtesy and respect
- Inform Camp Kiah of the Participants goals for their support through Camp Kiah
- Provide Camp Kiah with details of any relevant changes in your ongoing support needs
- Talk to Camp Kiah if you have any concerns about the supports being provided
- Pay invoices within the identified timeframe
- Give Camp Kiah the required notice if the Participant needs to end the Service Agreement

Participants Goals

Young person's goals

Pricing, Payments and Invoices

Prices charged under this Service Agreement are as advised by Camp Kiah and as listed in the **Services and Fees** guide provided by Camp Kiah.

Camp Kiah will seek payment for the provision of services after the service has been delivered.

Camp Kiah will send you or your representative an invoice for the service we have provided to you. Our preferred method of payment is via EFT and our bank details are provided on the Camp Kiah invoice.

Camp Kiah reserves the right to suspend services until payment is received should or terms of payment be exceeded. Our terms of payment are 14 days from the date of invoice. By signing this agreement, you agree to be personally responsible for payment of any outstanding amounts payable to Camp Kiah should you have exhausted your NDIS funds.

Cancellation of Booked Services

If you need to cancel a booking, you should do so in line with the Camp Kiah Cancellation Policy, which has been provided as a part of the NDIS Orientation Pack.

Complaints

Camp Kiah welcomes feedback of any kind as a way to improve services provided to participants. If you wish to provide feedback, please contact us using the details provided on the first page of this agreement. If you or your representative wishes to make a complaint, you or they may need to do so in accordance with the Camp Kiah Complaints Policy, which is attached to this document.

You can also make a complaint directly with the NDIS Quality and Safeguards Commission. The NDIS Commission is an independent Commonwealth agency established to improve the quality and safety of NDIS and supports and services.

The NDIS Commission can take complaints from anyone about:

- NDIS services or supports that were not provided in a safe and respectful way
- NDIS services and supports that were not delivered to an appropriate standard
- how an NDIS provider has managed a complaint about services or supports provided to an NDIS participant.

You can make a complaint to the NDIS Commission by:

- Phoning 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- [National Relay Service](#) and ask for 1800 035 544.
- Completing a [complaint contact form](#) .

For information about making a complaint, visit the [NDIS Commission website](#) .

NDIS Orientation Pack

By signing this Service Agreement, you agree that you have been provided with, read and understood the NDIS Orientation Pack which includes information on the following topics -

- NDIS Specific Registration Form
- Consent to Share Information Form
- Information Storage
- Service Agreements
- Complaints Policy
- Complaints Form
- Advocacy and Support
- Cancellation Policy
- Camp Kiah Child Protection Policy
- Eliminating Restrictive Practices
- ASD & CK Document

Agreements

The Parties agree to the terms and conditions of the Service Agreement.

Signature of Participant/Participants Representative

Name of Participant/Participants Representative

Date:

Signature of authorised person from Provider

Name of authorised person from Provider

Date:

Attachment – please attach a copy of Participants NDIS plan if possible