

DISABILITY SUPPORT WORKER SERVICE AGREEMENT

Location: _____ Service Start Date: _____

Parties to the Agreement:

Service Provider Name: _____

NDIS Provider Number: _____

Service Recipient (Client) Name: _____

NDIS Number (if applicable): _____

Services to be Provided:

Description of Services: _____

Service Location(s): _____

Service Schedule and Hours:

Days and Times Services Will Be Provided: _____

Expected Weekly Hours: _____

Fees, Payment and Invoicing:

Fee Rate (per hour / session): _____ AUD

Payment Method: _____

Invoicing Frequency: _____

Responsibilities of the Service Provider:

The Service Provider agrees to deliver services in a professional, respectful, and timely manner, complying with all relevant laws, standards, and policies including the NDIS Practice Standards. The Service Provider will deliver services as outlined in this Agreement and any attached Service Plans.

Responsibilities of the Service Recipient:

The Service Recipient agrees to cooperate and provide all necessary information to facilitate the provision of services. The Service Recipient will provide access to premises where required and notify the Service Provider of any changes impacting service delivery.

Confidentiality and Privacy:

Both parties agree to maintain confidentiality of personal and sensitive information obtained during the course of this Agreement, in accordance with the Privacy Act 1988 (Cth), the NDIS Practice Standards, and any other applicable legislation.

Termination of Agreement:

Either party may terminate this Agreement by providing written notice to the other party. Termination will be effective as specified in the notice. The Service Provider shall invoice for all services provided up to the date of termination.

Dispute Resolution:

In the event of a dispute arising under this Agreement, both parties agree to attempt to resolve the matter through good faith negotiations. If unresolved, the dispute may be referred to mediation or other alternative dispute resolution mechanisms prior to commencing legal action.

Liability and Insurance:

The Service Provider will maintain appropriate insurance coverage, including public liability and professional indemnity insurance, while providing services. Neither party will be liable for indirect, consequential, or punitive damages arising from this Agreement.

Governing Law and Jurisdiction:

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Australia and the state or territory in which the Service Provider operates. The parties submit to the non-exclusive jurisdiction of those courts.

Entire Agreement:

This Agreement, including any attached schedules, constitutes the entire understanding between the parties and supersedes all prior agreements and understandings, whether oral or written.

Amendments:

No variation, amendment, or waiver of any provision of this Agreement will be effective unless in writing and signed by both parties.

Signatures:

SERVICE PROVIDER SIGNATURE

SERVICE RECIPIENT SIGNATURE

Signature: _____

Signature: _____

Name (print): _____

Name (print): _____

Date: _____

Date: _____

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