NDIS Service Agreement

Bendigo Care 4 U

ABN: 14 145 961 607

Address: 10 Energetic St, Long Gully VIC 3550

Contact: Cheri O'Connell | 0414 917 425 | bendigocare4u@gmail.com

1. Parties

This Service Agreement is between:

- Service Provider: Bendigo Care 4 U

- Participant/Representative: _____

- NDIS Number: _____

2. Purpose

This Service Agreement outlines the supports Bendigo Care 4 U will provide under the Participant's NDIS plan, the rates for those supports, and the terms and conditions of service.

3. Supports and Rates

The following supports will be provided, with rates agreed as follows:

- Weekday (ending by 8pm): 70.00 per hour
- Weekday evening (8pm – midnight): $77.00 per hour
- Inactive sleepover: $220.00 flat rate (10pm – 6am, no active support unless required)
- Saturday: $98.00 per hour
- Sunday: $127.00 per hour
- Public Holiday: $156.00 per hour
- Children under 7 years of age: $59.00 per hour

Rates are subject to change in line with NDIS Pricing Arrangements & Price Limits.

4. Cancellation Policy

- A minimum of 24 hours' notice is required for cancellations.
- If a shift is cancelled with less than 24 hours' notice, the full scheduled shift will be

charged.

5. NDIS Plan Notifications

The Participant (or their representative) agrees to immediately notify Bendigo Care 4 U if:
- Their NDIS plan is cancelled or suspended.
- Their NDIS funding is exhausted or insufficient to cover the scheduled supports.

Failure to notify may result in supports being paused until funding is confirmed.

6. Responsibilities

Bendigo Care 4 U will:

- Provide supports that meet the Participant's needs and goals.
- Communicate openly and respectfully.
- Issue invoices in line with NDIS guidelines.

The Participant (or Representative) will:

- Ensure funding is available before supports are delivered.
- Provide timely communication regarding changes or cancellations.
- Treat workers with respect and follow agreed schedules.

7. Payments

Payments will be claimed directly from the Participant's NDIS plan (or via their Plan Manager), unless otherwise agreed.

8. Changes to this Agreement

Any changes must be agreed in writing by both parties.

9. Agreement Signatures

Participant/Representative Name: _____
Signature: _____
Date: _____

Service Provider: Cheri O'Connell, Bendigo Care 4 U
Signature: _____

Date: _____