

Sunshine Coast Riding for the Disabled (RDA) Inc.

Email: admin@scrda.org.au Website: scrda.org.au

ABN: 6094 5261 098

SCRDA Participant Service Agreement

6th Feb - 7th Dec 2024 (Excludes School Holidays)

1. Parties	
This Service Agreement is made between SCRDA and	
Participant's Full Name	
Does the Participant have a NDIS Plan (please circle)	YES / NO
NDIS Plan Number	Plan End Date
This Agreement is to identify the NDIS Participa supports SCRDA provides, and it aligns as reason with the NDIS Participant's funded disability and provided.	nable and necessary support in context
2. Contact details	
Participant/participant's representative will be contact provided to us in this service agreement	ed via email according to the information
□ Participant□ Participant's representative	
Name	
Address	
PhoneEmail	
Tick the appropriate box. 1, 2. or 3.	
 Self Funded Participant Each term will be are payable on receipt of invoice Self Managed NDIS Participant Each term fees are payable on receipt Plan Managed NDIS Participant Each sereceipt 	wm will be invoiced prior to the start of term.
1. or 2. Self Funded or NDIS Self Managed Partici	pant's Financial Nominee:
Name	Phone
Address	
Invoice Email	

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3. NDIS Plan Manager (PM) financial nominee:	
Company Name	
Company Address	
PM Contact Name	Phone
Invoice Email	
3. My Enrolled Session/s (please tick)	
	min session 00 30min session / \$150.00 60min session .00 30min session / \$150.00 60min session 0.00 - 2.5hr session - 2.5hr session 0 - 2hr session n session

4. Payment of Invoices

- Participants will be invoiced via email according to the information provided to us in this service agreement
- Annual membership. This fee includes insurance and must be paid and remain current before a participant can attend any session
- The participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
- The participant/participant's representative will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the SCRDA participant stops being a participant in the NDIS.

Sunshine Coast Riding for the Disabled (RDA) Inc PO Box 517 EUMUNDI, Qld, 4562

EFT to Suncorp account BSB: 484 799

ACCOUNT No: 002759281

5. Schedule of Supports

SCRDA provides services based on Queensland school terms and holiday periods; refer to the website - scrda.org.au > rider information > term dates

SCRDA will schedule a session position each term continuously until the end of Term 4 shown in rider information > term dates

SCRDA reserve the right to reduce session times, substitute sessions or cancel a session

Unpaid/overdue invoices will result in the cancellation of a session

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6. Changes to this Service Agreement

If changes to the treatment 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

7. Ending this Service Agreement

- Should either party wish to end this Service Agreement they must give 7 days written notice.
- Any participant that ends this service agreement prior to the agreement expiring will be required to pay a cancellation fee equivalent to two sessions
- If either party seriously breaches this Service Agreement the requirement of written notice will be waived

8. Feedback, Complaints, Disputes

- If the participant wishes to give SCRDA feedback, the participant can contact SCRDA administration on 5472 7280 or admin@scrda.org.au
- If the participant is not satisfied with the services provided by SCRDA and wishes to make a complaint, the participant can contact SCRDA administration on 5472 7280 or admin@scrda.org.au
- If the participant is not satisfied or does not want to contact SCRDA, the participant can contact their guardian, plan manager or visit ndis.gov.au for further information

9. Responsibilities of SCRDA

SCRDA agrees to:

- communicate openly and honestly in a timely manner
- treat the participant with courtesy and respect
- consult the participant on decisions about how services are provided
- give the participant information about managing any complaints or disagreements and details of the SCRDA cancellation policy
- listen to the participant's feedback and resolve problems quickly
- give the participant the required notice if SCRDA needs to end the Service Agreement
- protect the participant's privacy and confidential information
- provide support in a manner consistent with National Disability Insurance Scheme Code of Conduct
- keep accurate records on the supports provided to the participant and issue regular invoices

10. Responsibilities of the Participant/Participant's Representative

The participant/participant's representative agrees to:

- attend the agreed sessions consecutively shown in the SCRDA website scrda.org.au, Rider Information > Term Dates
- stay at home if feeling unwell
- if an unplanned absence occurs notification prior to the session is greatly appreciated

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- treat SCRDA with courtesy and respect
- talk to SCRDA if the participant has any concerns about the services being provided
- give SCRDA the required notice if the participant needs to end the Service Agreement
- let SCRDA know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan, if there is insufficient funding for the service provided or the participant stops being a participant in the NDIS.
- inform SCRDA of any contact detail changes for the participant/representative/financial nominee/plan manager
- give SCRDA a minimum of 7 days notice if the participant must cancel a scheduled session

11. Session Cancellation Policy

- Participant session cancellations made with less than 7 days notice will incur a 100% charge.
- Cancellations made by SCRDA will not be invoiced, refer to SCRDA 2023 FEE Policy for details

12. Service Agreement Signatures

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

Name of Participant / Authorised Participant's Representative		
Signature of participant / authorised participant's representative		
Date:/		
Name of Authorised Person from SCRDA		
Signature of authorised person from SCRDA		
Date:/		

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