

NDIS SERVICE AGREEMENT FOR

INTERPRETING



This agreement is between You (Deaf Person) and Us (NABS)

1.	Your Name:		
	Your Address: Your Phone Number: Your Phone Number Phone Number Phone Number Phone Number Phone Number Phone Pho		
2.	For 1 year, you agree to hours from your NDIS P You agree with NABS start when? / Who manages your Plan? Tick answer. Me NDIS Plan Manager Plan M	ur NDIS Plan Number: Your NDIS Plan Start Date: r 1 year, you agree to hours from your NDIS Plan for NABS interpreting. u agree with NABS start when? / You agree with NABS start when? /	
	Plan Manager E NDIS Support Coordinator Name: Local Area Coordinator (LAC) Name:		
	 You agree: Pay NABS for interpreting from NDIS Plan Let NABS know if I can't come to the appointment (Important: If you cancel under 24 hours or one business day, NDIS still pay) Tell NABS if I have a new NDIS Plan or Plan changes 	 NABS agree: Tell you cost of booking Send you name of interpreter booked Your information will be PRIVATE NABS follows NDIS rules NABS follow up if you not happy with service 	
	 Tell NABS if I want to finish Service Agreement. NABS needs 2 weeks notice if you want to finish Service Agreement SMS NABS if not happy with service on 0427 671 261 	Privacy Statement NABS follow the Privacy Act 1988. All information is private and confidential. The only people who can see your information are NABS staff who have the right permission.	
3.	You agree and sign:		
	Your Signature:		
	NABS Name: NABS Signature:		

GST Statement - No GST charged on interpreting.

A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the <u>National Disability Insurance Scheme Act 2013</u> (NDIS Act), in the participant's NDIS Plan currently in effect under section 37 of the NDIS Act.

Please email completed form to bookings@nabs.org.au