

WE CAN
SERVICE YOUR
HOME CARE
PACKAGE!





ABN: 59161 448 415 QBCC Licence No. 131 4090 NDIS Provider No. 405 0002 887

CONTACT US



PHONE 1300 781 774 EMAIL admin@qspec.com.au WEBSITE www.qspec.com.au SHOWROOM 2/82 Sugar Road, Maroochydore QLD 4558

NDIS SERVICE AGREEMENT FOR COMPLEX HOME MODIFICATIONS

Thank you for requesting complex home modification services with Qspec Building Mobility Solutions we are delighted to help you achieve your NDIS plan goals.

Please note we require written confirmation of acceptance of this service agreement from an authorised person and payment prior to booking your home modification service. For your convenience, please return the completed acceptance form on the final page.

Please read the details carefully and contact us if you have any further queries.

| Participant Details: | Full Name: |
|---|-----------------|
| | Address: |
| | DOB: |
| | Plan Dates: |
| NDIS Participant Number: | |
| Contact details of Participant's nominated contact person | Full Name: |
| | Contact number: |
| | Relationship: |

| Service | Cost | Provided | Total Cost |
|---|----------|---|------------|
| *Initial consultation - Builder NDIS registered Builder consultation fee | \$450.00 | Quote Complex modification design including floor plan Detailed scope of work inclusive of fixtures | \$450.00 |
| Total * (*GST exempt) | | | \$450.00 |



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| Plan Management Type (participant to specify): | | | | | | | |
|---|--|--|--|--|--|--|--|
| ☐ Self-managed: | The participant will create the service booking online. <i>Qspec Building Mobility Solutions</i> will issue an invoice at the completion of services OR after each service. Please provide contact details on the final page of this document. The invoice is to be paid within 7 days | | | | | | |
| □ Plan manageme | Plan management provider: Your plan manager will create the service booking online. <i>Qspec Building Mobility Solutions</i> will issue an invoice at completion of services OR after each service to your parager. Please provide contact details on the final page of this document. The invoice to be paid within 7 days. | | | | | | |
| □ NDIA managed: | , | ty Solutions will create the service booking and claim directly from completion of services OR after each service. | | | | | |
| Home Modification S E.g. NDIS complex h assessment etc. | | | | | | | |
| Building Profession | al | Qspec Building Mobility Solutions – Ryan Quade | | | | | |
| Privacy, Complaints and Cancellation Policy: Please discuss with <i>Qspec Building Mobility Solutions</i> if you would like information on our privacy or complaints policies. Any cessation of this service agreement requires written notification and should be forwarded to <i>Qspec Building Mobility</i> | | | | | | | |
| Solutions at your earliest convenience. Any cancellation of appointments requires 24 hours' notice by either party. If 24 hours' notice is not provided, <i>Qspec Building Mobility Solutions</i> cancellation policy will apply. | | | | | | | |
| Please feel free to confurther before signing | | lity Solutions if you have any questions or would like to discuss any aspects | | | | | |
| Yours sincerely, | | | | | | | |
| Ryan Quade Builder Qspec Building Mobil | ity Solutions | | | | | | |



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ACCEPTANCE OF SERVICE AGREEMENT

| Quo | ted Total amount (GST exempt): | \$ 450.00 | |
|------|---|---|----|
| | ve authority to accept this quote above to contract <i>Qsp</i> ose allocated NDIS funds to pay any fees and charges in | | 36 |
| Nan | ne: | | |
| Sigr | nature: | Date: | |
| Rela | ationship to NDIS participant | (if relevant) | |
| | I agree to advise <i>Qspec Building Mobility Solutions</i> in relevant to this service agreement. | nmediately, of any review of my NDIS plan that is | |
| | Tick if you consent to <i>Qspec Building Mobility Solution</i> agreement to a third party. | ns forwarding documentation related to this service | 26 |
| | Tick if you consent to <i>Qspec Building Mobility Solutions</i> contacting your NDIS representative to discure relevant information related to this service agreement | | |
| For | Self-managed or Plan managed consumers, please s | end Invoice to: | |
| Atte | ention (name / department): | | |
| Add | ress: | | |
| Con | tact Email address: | | |
| Con | tact Phone: | | |