



BUILDING MOBILITY SOLUTIONS
Specialists in Minor and Major Home Modifications

**WE CAN
SERVICE YOUR
HOME CARE
PACKAGE!**



Registered NDIS Provider

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

Name of referrer if applicable	
Date	
Company Address	
Phone	
Email	

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 <i>NDIS registered Builder consultation fee</i>	\$450.00	<ul style="list-style-type: none"> Quote Complex modification design including floor plan Detailed scope of work inclusive of fixtures 	\$450.00
Total * (*GST exempt)			\$450.00

Plan Management Type (*participant to specify*):

- Self-managed: The participant will create the service booking online. *Qspec Building Mobility Solutions* 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 management provider: Your plan manager will create the service booking online. *Qspec Building Mobility Solutions* will issue an invoice at completion of services OR after each service to your plan manager. Please provide contact details on the final page of this document. The invoice is to be paid within 7 days.
- NDIA managed: *Qspec Building Mobility Solutions* will create the service booking and claim directly from the NDIA portal at the completion of services OR after each service.

Home Modification Service Requested <i>E.g. NDIS complex home modification assessment etc.</i>	
Building Professional	Qspec Building Mobility Solutions – Ryan Quade

Privacy, Complaints and Cancellation Policy:

Please discuss with *Qspec Building Mobility Solutions* 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 *Qspec Building Mobility Solutions* at your earliest convenience.

Any cancellation of appointments requires 24 hours' notice by either party. If 24 hours' notice is not provided, *Qspec Building Mobility Solutions* cancellation policy will apply.

Please feel free to contact *Qspec Building Mobility Solutions* if you have any questions or would like to discuss any aspects further before signing the acceptance.

Yours sincerely,

Ryan Quade
Builder
Qspec Building Mobility Solutions

ACCEPTANCE OF SERVICE AGREEMENT

Quoted Total amount (GST exempt): **\$ 450.00**

I have authority to accept this quote above to contract *Qspec Building Mobility Solutions* for services and agree to use allocated NDIS funds to pay any fees and charges incurred in the provision of this service.

Name: _____

Signature: _____ Date: ___/___/___

Relationship to NDIS participant _____ (if relevant)

- I agree to advise *Qspec Building Mobility Solutions* immediately, of any review of my NDIS plan that is relevant to this service agreement.
- Tick if you consent to *Qspec Building Mobility Solutions* forwarding documentation related to this service agreement to a third party.
- Tick if you consent to *Qspec Building Mobility Solutions* contacting your NDIS representative to discuss relevant information related to this service agreement

For Self-managed or Plan managed consumers, please send Invoice to:

Attention (name / department): _____

Address: _____

Contact Email address: _____

Contact Phone: _____

