

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 25 Lenco Cresent, Landsborough QLD 4550

NDIS SERVICE AGREEMENT FOR COMPLEX HOME MODIFICATIONS - REGIONAL

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	Full Name:
contact person	Contact number:
	Relationship:

Service	Cost	Provided	Total Cost
*Initial consultation - Builder NDIS registered Builder consultation fee	\$915.00	 Quote Complex modification design including floor plan Detailed scope of work inclusive of fixtures 	\$915.00
Total * (*GST exempt)			\$915.00



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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	ment 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 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 E.g. NDIS complex home modification 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 Solutions</i> 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 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						



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ACCEPTANCE OF SERVICE AGREEMENT

Quoted Total amount (GST exempt):	\$ 915.00		
I have authority to accept this quote above to contract to use allocated NDIS funds to pay any fees and charge	<i>Qspec Building Mobility Solutions</i> for services and agree es incurred in the provision of this service.		
Name:			
Signature:	Date:		
Relationship to NDIS participant	(if relevant)		
☐ I agree to advise <i>Qspec Building Mobility Solutio</i> relevant to this service agreement.	ens immediately, of any review of my NDIS plan that is		
Tick if you consent to <i>Qspec Building Mobility Solutions</i> forwarding documentation related to this service agreement to a third party.			
Tick if you consent to <i>Qspec Building Mobility So</i> relevant information related to this service agree	olutions contacting your NDIS representative to discuss ement		
For Self-managed or Plan managed consumers, plea	se send Invoice to:		
Attention (name / department):			
Address:			
Contact Email address:			
Contact Phone:			