



Dance Movement Therapy Service Agreement

Purpose of this document:

- to set out each party's responsibilities and obligations and how to resolve problems
- to have a signed agreement between you and your Dance Movement Therapist.
- to outline the Dance Movement Therapy based support and services we have agreed on.
- to support the achievement of my goals as set out in my NDIS plan.

Who is making this agreement:



NAME

The name of the participant and their trusted person (if required):



NAME

Dance Movement Therapist Name:



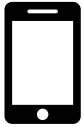
Participant's Contact Details:



Your daytime phone number:



Your evening phone number:



Your mobile number:



Your email address:



Your home address:



Trusted Person Contact Details:

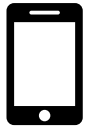
(If required or relevant -someone close to me, or a chosen support service, who helps me to make decisions).



Daytime phone number:



Evening phone number:



Mobile number:



Email address:



Correspondence address:



The name of an additional representative person if we cannot contact you.

NAME



Their phone number:



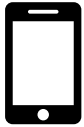
Dance Movement Therapist's Contact Details:



Daytime phone number:



Evening phone number:



Mobile number:



Email address:



Business address:



My NDIS Contact or Support Coordinator's Contact Details:

(If relevant)



Name:

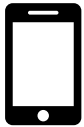
NAME



Daytime phone number:



Evening phone number:



Mobile number:



Email address:



Business address:



My NDIS Goals

1.

2.

3.

4.

Please write your NDIS Goals on the left against numbers. If you would like to, you can also attach you NDIS Plan to this document.

NDIS Plan Dates:



Dance Therapy Services to be provided:

Type of Support (NDIS Support Category)	NDIS Code	Price and Payment			DMT Session Details:	Additional Costs:	Total Cost \$
		Agreed/ NDIS Rate	Dates Length of Session and Hourly Rate	Number Of Sessions			
<i>e.g. Early Intervention, Exercise Physiology, etc.</i>					<i>Location of sessions, DMT's name. Group or Individual Session Ratios for group session</i>	<i>(Reporting, planning and assessment, travel – to be named and costed below)</i>	<i>as per the NDIS price list</i>
Total funded from the NDIS						\$	
Total payable to Dance Movement Therapist for the agreed plan period						\$	

* Please note that prices are subject to change in line with the NDIS price guide.



Schedule of Supports and GST

The supports and their prices are set out within this Agreement. Most supports provided under the NDIS will be GST-free. However, GST may be charged for some types of support.

For the purposes of GST legislation, I and Dance Movement Therapist, [name/business name](#) confirm that:

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 sub-section 33(2) of the *National Disability Insurance Scheme Act 2013* (NDIS Act), in my NDIS plan currently in effect under section 37 of the NDIS Act.

The main law that applies is A New Tax System (Goods and Services Tax) Act 1999. Further information about the NDIS and GST can be accessed on the Australian Taxation Office website.

Therapeutic Supports in addition to session facilitation

The agreed cost and payment requirements for therapeutic supports is specified in the schedule of supports stated in this service agreement.

In alignment with NDIS guidelines, the client's NDIS plan will be invoiced for:

- direct consultations, interviews, observation and training sessions;
- review of case history, documentation, and previous assessments;
- phone calls and emails relevant to the provision of the therapeutic service;
- Report and session facilitation plan writing;
- Case note writing/ongoing assessment
- travel incurred for each direct consultation, interview, observation and training sessions



My responsibilities and those of my Dance Movement Therapist:

What I and/or my representative will do...

I/My representative agrees to:

- Inform the Dance Movement Therapist of how I want to be supported in order to meet my needs and goals.
- Provide the Dance Movement Therapist with up to date information linked to safety and support in the areas of physical mobility, communication preferences, medical requirements and/or behavior support needs.
- Be polite and respectful in my interactions with the Dance Movement Therapist.
- Talk to the Dance Movement Therapist if I'm not happy about any aspects of my plan or supports.
- Give the Dance Movement Therapist the required notice if I need to end this agreement (see changes to my Service Agreement section).
- Let the Dance Movement Therapist know immediately if my NDIS plan is suspended or replaced by a new NDIS plan or if I stop being a participant in the NDIS.
- I acknowledge that if I receive supports within my home, that would constitute as a workplace for the Dance Movement Therapist, and I agree to keep it tidy/free of risks.

What the Dance Movement Therapist will do...

The Dance Movement Therapist agrees to:

- Include me in all decisions about my support and explain things to me carefully.
- Communicate openly and honestly in a timely manner.
- Be polite and respectful to me and my representative.
- Listen to me and advise me on what to do if I have any problems or want to complain.
- Give me the required notice if they wish to end my Service Agreement (see changes to my Service Agreement section).
- Store my information carefully, correctly and will make sure it is kept private.
- Obey all the rules and laws that apply, including the National Disability Insurance Scheme Act 2013
- Provide me with invoices and statements for my support.
- Support me to access activities that are in alignment with my plan goals.



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- Keep accurate records on the supports provided to you.

What if there is a problem?

If you have a problem, the Dance Movement Therapist agrees to actively work on resolving it with you. Additional support may also be provided by the contact person you name below. (Who would this be? give examples)

The contact person is:	
Their phone number is:	
Their email address is:	
If you don't have any success getting your problem fixed, you can contact the NDIA.	

**An easy read version of the above two sections of the Service Agreement can be provided and attached at your request.*

Who pays for my support?

How my supports will be paid - (tick one or more of the below options)

<input type="checkbox"/>	I will pay the invoices (self-manage the fund)	
<input type="checkbox"/>	The NDIA (National Disability Insurance Agency)	NDIS Client Number
<input type="checkbox"/>	Nominated Payer - someone I trust, e.g. a nominated family member or friend (a	If not your representative listed on page 1, please give contact details: Name



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	plan nominee)*	Address Phone No. Email	
<input type="checkbox"/>	A Registered Plan Management Provider (e.g. Moira, OzChild)*	Name Address Phone No. Email	

* If you are nominating a payer, or a registered plan manager, please provide signed written confirmation from the provider that they have agreed to pay for your supports.

Payment Guidelines

All invoices are to be paid via a Direct Debit agreement with the Dance Movement Therapist, (add name/business name). Direct debit details and service items will be clearly outlined on invoices.

The Dance Movement Therapist, name/business name, will supply the participant or their representative with **invoices weekly/fortnightly/monthly** for services provided (or however you . Payment is due within one working week of invoice submission (unless otherwise agreed upon in writing).

I acknowledge and agree that whilst I have nominated a third person to pay, I will be liable to pay if that person does not. Failure to pay invoices on time may result in a suspension of the service OR incur 10% interest, calculated weekly on outstanding invoices.

Missed Services and Rescheduling

I must give Dance Movement Therapist, name/business name **a minimum of 24 hours' notice** if I cannot make a scheduled appointment, or need to cancel a support on a short-term basis.

If I do not give enough notice of a change or cancellation, then Dance Movement Therapist, name/business name will charge me for the appointment. Dance Movement Therapist, name/business name will give me a **minimum of 24 hours' notice** of any changes to my agreed supports.



Making changes to my Service Agreement

Agreements will be reviewed annually, or more frequently as agreed upon by both parties. Service dates will be clearly outlined in this agreement.

If changes to this agreement, or the supports or their delivery, including when and how they are provided are required the party requesting the changes will give the other party **28 days' notice** of the requested change(s).

The parties agree that any changes to this agreement or the supports must be in writing, signed and dated by the parties.

If I/my representative do not provide the Dance Movement Therapist, [name/business name](#) with 28 days' notice of my requested changes, Dance Movement Therapist, [name/business name](#) may seek payment from me for cancelled support or expenses which have already been incurred in connection with the supports.

Ending this Service Agreement

Should either party wish to end this service agreement they must **give 28 days' notice**.

In the event of a serious breach whereby there is a provision for suspension, or termination of the agreement, both parties are required to give **14 days' notice in writing**.

If it is deemed that Dance Movement Therapist, [name/business name](#) can no longer meet the support needs of an individual, in consultation with the individual and their representative; Dance Movement Therapist, [name/business name](#) reserves the right to end the agreement and will endeavor to support the individual to identify an appropriate support alternative.

Code of Ethics, Insurance and NDIS Policies

This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).

The participant and the service provider agree that this Agreement is in line with the main ideas of the NDIS. These ideas include things like having more choices, achieving your goals and taking part in the community.



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The Dance Movement Therapist, has Professional Indemnity and Public Liability Insurance with Insurer **business name** in compliance with NDIS policies.

As a Professional/Provisional Professional Member of the DTAA, the Dance Movement Therapist, **name/business name** will also abide by the DTAA Code of Ethics which can be found at: <https://dtaa.org.au/about/ethics/>

Agreement Signatures

I and Dance Movement Therapist, **name/business name** agree to the terms and conditions of my Dance Movement Therapy Service Agreement. I hereby give my consent to My Dance Movement Therapist to contact providers involved in my support. I confirm that I have worked with my provider to complete this agreement.

Me or my representative's signature		Signature of Dance Movement Therapist	
Name		Name	
Role (if representative)		Role	
Date		Date	