

Support Worker Agreement

This agreement is between the Participant/Nominee and the Support Provider and should be used as a guide to negotiate how and when support is delivered.

Agreement Start Date: _____ Agreement End Date: _____

Participant / Nominee Details	
Nominee Name:	
Participant Name:	NDIS Number
Address:	Phone:

Support Provider Details	
Name:	
Address:	Phone:
Yellow Card expiry date:	NDIS Worker Module completion:
Drivers Licence No:	Emergency Contact:
Australian Business Number:	

Other considerations:

- Current First Aid
- Relevant qualifications
- Workplace Health & Safety
- Vehicle registration details
- Blue Card (Working with children check)
- Insurance

Participant Plan Goals:

Job Description:

What is expected from the Support Provider:

What is expected from the Participant and Nominee:

Cancellation Policy

Feedback and Complaints Policy

Pricing and Charges:

Weekday hourly rate is: _____

Saturday hourly rate is: _____

Sunday hourly rate is: _____

Other costs are: _____ and will be charged _____

Agreement and Signatures

Participant / Nominee Details

Name

Signature

Date

Support Provider Details

Name

Signature

Date