

Constellation Care Sydney Pty Ltd Service Agreement

Effective 1st July 2024

Quote for Support Services				Start of service (DD/MM/YYYY)				Weeks of service:	
Date (DD/MM/YYYY)				End of service (DD/MM/YYYY)				Days in Final Week:	
Participant name				Quote type					
NDIS participant number				Quote number		CC24 -			
Plan Manager (If applicable)				Quote value					
Plan Manager Contact:				Quote prepared by		Randa Podbury			
Plan Manager Email:				Plan Manager Phone:					
Plan Manager Address:				Constellation Admin:					



Support category	Support item	Rate per unit	Units per week	Weeks	Total units	Total	Quotes	Invoice issued to	Service duration*	Location

Additional Services

Non face-to-face	Support item	Rate	Service Hours	Total Units		Total	Notes	Invoice issued to	Service duration*	Location
Other services	Support item	Rate	Units per week	Weeks	Total units	Total	Notes	Invoice issued to	Service duration*	Location

Service Agreement Parties

Constellation Care Name: Randa Podbury	Signature: <i>RPodbury</i>	Title: Manager	Email constellationcare@outlook.com	Phone 0415626044
Your details Participant or Participant Representative	Name	Participant or Participant Representative - signature		Date
Participant Address		Service Address (if different to participant address)		Review Minimum Frequency Monthly/Quarterly/ Half Yearly/Yearly
				NDIS plan end date: Copy NDIS Plan Attached Yes/No

By signing this agreement, you authorise any third party (including the NDIA) to share any information required to execute this agreement AND you accept the terms and conditions as noted on the back of this agreement. Constellation Care Sydney Pty Ltd Terms and conditions follow on page 2 and can also be found at www.constellationcare.net.au