

# NDIS Service Agreement: Canberra Friendly

## 1. The Parties

This agreement is between **Jasmina Bacic (T/A Canberra Friendly)** and

\_\_\_\_\_ **[Participant Name]**.

## 2. The Goal (Capacity Building)

The purpose of this agreement is to facilitate **increased independence** and **social participation**. Support will focus on:

- **Executive Functioning:** Project-led mentorship and task sequencing.
- **Social Safeguarding:** Developing social discernment and assertive communication.
- **Neurological Regulation:** Proactive symptom monitoring and de-escalation strategies.
- **Lifestyle Sustainability:** Practical support for independent or alternative living arrangements.

## 3. Support Delivery

Supports will be delivered via:

- **In-person sessions** (Location-based in the ACT).
- **Remote Mentorship** (Phone/Video sessions for regulation and/or continuity of care).

## 4. Fees & Billing

- **Rate:** Services are billed at **\$120.00 per hour** (or the current NDIS Price Guide limit for *Assistance with Social & Community Participation* or *Individual Skills Development*).
- **Travel:** Travel time will be billed in accordance with NDIS guidelines (up to 30 mins within ACT).
- **Cancellations:** A 48-hour notice period is required for cancellations. Late cancellations may be billed at 100% of the scheduled fee.

## 5. Professional Boundaries

- **Trauma-Informed Approach:** All sessions are conducted with a focus on psychological safety and personal boundaries.
- **Non-Clinical Role:** Jasmina provides psychosocial mentorship and capacity building; this is not a substitute for clinical medical or psychiatric treatment.

- **Privacy:** All participant information is handled in accordance with Australian Privacy Principles.

## 6. Agreement Signatures

By signing this agreement, both parties agree to the terms and conditions outlined above.

### The Participant (or their representative):

- **Signature:** \_\_\_\_\_
- **Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### The Provider (Canberra Friendly):

- **Signature:** \_\_\_\_\_
- **Name:** Jasmina Bacic
- **Date:** \_\_\_\_\_

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- **Participant NDIS Number:** \_\_\_\_\_
  - **Plan Manager Contact Details:** \_\_\_\_\_