# **NDIS PARTICIPANT’S SERVICE AGREEMENT AUDIT FORM**

**Date of Audit: People Undertaking Audit:**

**Notes:**

This form is to be used in conjunction with the Quality Improvement Activity Report (QIAR) form (see Quality Management Standard Section). Complete the initial part of the QIAR and then collect your data. Once you have completed the audit and summarised the results complete the rest of the QIAR, including any actions required.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Internal Unique Identification No.  |  |  |  |  |  |  |  |  |  |
| Person Responsible for the completing the Service Agreement with the Participant.  |  |  |  |  |  |  |  |  |  |
| AGREEMENT DISTRIBUTION | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Total Y/N** |
| Signed Copy of Service Agreement is filed in the participant’s file (participant and provider signatures) |  |  |  |  |  |  |  |  |  |
| Evidence participant received a copy of their signed Service Agreement  |  |  |  |  |  |  |  |  |  |
| **CONSENTS and AGREEMENTS** (participant has consented to the following)  | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Y/N** | **Total Y/N** |
| I understand and agree to the terms and conditions of this Service Agreement |  |  |  |  |  |  |  |  |  |
| I give my consent to commence the Services outlined in my Support Plan |  |  |  |  |  |  |  |  |  |
| I consent to my Provider sharing and obtaining information with my other Service Providers and pertinent others excluding…… |  |  |  |  |  |  |  |  |  |
| I consent to my Provider taking photographs for the purpose of providing their supports and inserting in reports if required |  |  |  |  |  |  |  |  |  |
| I consent to participate in a Participant satisfaction survey and I understand I may be contacted by a third party to complete a questionnaire |  |  |  |  |  |  |  |  |  |
| I consent to participating in an NDIS quality management activity which may include being contacted by a third party auditor |  |  |  |  |  |  |  |  |  |
| If participant has not provided full consent is the limitation of the consent clear on their file |  |  |  |  |  |  |  |  |  |