

## Rapidswim Service Agreement for Aquatic Therapy

This **Service Agreement** is for \_\_\_\_\_ (Participant Name) a participant in the National Disability Insurance Scheme, and is made between

\_\_\_\_\_ (Parent/Representative Name) and **Rapidswim** (a service of Inclusive Sport SA).

This Service Agreement is from \_\_\_\_/\_\_\_\_/\_\_\_\_ until services are terminated by the participant/participant's representative or funding allocation is exhausted.

### As a service provider Rapidswim will:

1. Communicate openly and honestly in a timely manner
2. Treat you with courtesy and respect at all times
3. Consult with you on decisions about how our supports are provided
4. Listen to your feedback and resolve problems quickly
5. Provide as much notice as possible regarding program changes
6. Protect your privacy and confidential information
7. Provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and will keep accurate records on the supports provided to you.
8. Complete progress reports and associated reference letters upon request

### As the representative for the above named client I understand that it is my responsibility to:

1. Inform Rapidswim about how I want supports to be delivered to meet needs
2. Treat Rapidswim staff with courtesy and respect
3. Talk to Rapidswim if I have any concerns about the supports being provided
4. Contact Rapidswim with any changes to a scheduled appointment providing as much notice as possible
5. Let Rapidswim know immediately if your NDIS plan is suspended or replaced by a new NDIS plan or if the participant stops being a participant in the NDIS.
6. Give Rapidswim a minimum of seven (7) days' notice if you need to end this Service Agreement.
7. Abide by the policies and procedures of Rapidswim

## NDIS Plan Details (Participant representative to complete)

NDIS Number: \_\_\_\_\_

Plan Start Date: \_\_\_\_\_

Plan Review Date: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Accounting Method: (Please tick)

Self-Managed <input type="checkbox"/>	Nominated Plan Managed <input type="checkbox"/>	NDIA Managed <input type="checkbox"/>
Rapidswim will send you a Tax Invoice on a weekly basis.  Preferred email for invoices: _____	Rapidswim will send your nominated Plan Manager a Tax Invoice (please provide details in section below).	Rapidswim will claim the amount owing directly from the NDIS service provider portal. <i>A service booking will be made for the duration of the plan/service agreement</i>

If you selected 'Nominated Plan Managed' please add your planner's details below:

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone (Business Hours): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email for invoices: \_\_\_\_\_

Address/alternative email: \_\_\_\_\_

\*Please note, one progress report/NDIS letter will be included in the service booking for each NDIS Plan (you will only receive/be charged for this if you request it).

### Pricing Structure

Capacity Building – Improved Daily Living
1. Early Childhood (15_005_0118_1_3) - \$193.99 per hour = _____
2. 7+ Years (15_056_0128_1_3) - \$193.99 per hour = _____

Service	Fee:
30 Minute Aquatic Therapy Session	\$96.99
45 Minute Aquatic Therapy Session	\$145.49
Report Writing - only charged upon request	\$193.99

**Please note: The prices stated above are subject to change according to updates from the NDIS price guide. If changes are made to pricing structures Rapidswim will notify you of these changes via email.**

### Cancellation Policy

By participating in the Rapidswim Program, you are acknowledging that you understand the Rapidswim Aquatic Therapy Short-Notice Cancellation Policy and that repeated non-attendance without prior notice may lead to a loss of the participant's regular position in the program.

**Please Note:** Where a provider has a Short Notice Cancellation (or no show), they are able to claim 100% of the agreed fee associated with the activity from the participant's plan, subject to this NDIS Pricing Arrangements and Price Limits and the terms of the service agreement with the participant.

A cancellation is a short notice cancellation if the participant:

- does not show up for a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when the provider is travelling to deliver the support; or
- has given less than two (2) clear business days' notice for a support that meets both of the following conditions:

- *the support is less than 8 hours continuous duration; AND*
- *the agreed total price for the support is less than \$1000; or*
- *has given less than five (5) clear business days' notice for any other support.'* – NDIS Pricing Arrangements and Price Limits 2021-22 (previously the NDIS Price Guide)

There are many people on the waiting lists for all Rapidswim Programs and it is necessary to be stringent to ensure that other participants and people on waiting lists receive equal opportunities. During a 10-week period participants are required to attend 60% or more of their allocated sessions. If this does not occur Inclusive Sport SA reserves the right to withdraw a participant and return them to the appropriate waitlist. Please be mindful that Rapidswim has many participants waiting for a position and continuous non-attendance, whether deliberate or not, affects our ability to service everyone.

Cancellation can be made via phone call, text message or email.

### **Changes to the Service Agreement**

If changes to the supports or their delivery are required, we agree to discuss and review this Service Agreement, any changes must be in writing and signed and dated by both parties. Should either party wish to end this Service Agreement a minimum of seven (7) days' notice should be given. Adjustments to the session cost of Therapy are subject to change in accordance with the yearly renewal of the NDIS price guide. Number of allocated sessions will not be effected due to automatic funding additions to plans by the NDIS.

### **NDIA Plan Funding**

Please kindly remember that it is your responsibility to monitor the available funding in your plan to pay for services, this is not something we can track. All invoices are due for payment within 14 days of receipt and you may be personally liable for paying these if your plan funding has run out.

### **Service during 'Gap Periods' in NDIS Plans**

Rapidswim reserves the right to use discretion when providing therapy services in 'good faith' during a gap in a NDIS plan. In the unlikely event that these services are not covered through the NDIS due to a participant no longer meeting eligibility or misappropriation of funds, Inclusive Sport SA may choose to invoice the participant or nominee directly for services provided.

### **Feedback, Complaints and Disputes**

Our goal at Rapidswim is to provide you with exceptional service delivery. We encourage your feedback and suggestions. If you wish to give Rapidswim feedback, or are not happy with the provision of services, you can talk to John Cranwell, CEO on 08 8122 6737 or email [jcranwell@inclusivesportsa.com.au](mailto:jcranwell@inclusivesportsa.com.au). If you continue to have concerns you can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting [ndis.gov.au](http://ndis.gov.au) for further information.

### **Further Support**

We respect and recognise the need for different types of communication to assist with understanding information better. If you would like further support in completing this form or wish to receive this information in another format (including Easy Read) please contact the Rapidswim team at [rapidswim@inclusivesportsa.com.au](mailto:rapidswim@inclusivesportsa.com.au) or on 8122 6730.

## Rapidswim Contact Details

**Phone (Business Hours):** 08 8122 6730  
**Email:** rapidswim@inclusivesportsa.com.au  
**Address:** 71 Bacon Street, Hindmarsh SA 5007

*Inclusive Sport SA (encompassing its services Behaviour Support SA and Rapidswim) is a registered provider of the NDIS.*

**If you are an NDIS participant please provide us with the About Me, My Supports and My Goals sections of your plan.** I have attached requested NDIS information  (Please Tick)

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Signature of Participant /  
Participant's Representative (*circle  
applicable*)

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Name of Participant / Participant's  
Representative (*circle applicable*)

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Date

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Signature of Authorised Staff  
Member

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Name of Authorised Staff Member

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Date

## Participant Consent to Share Information Form

I, \_\_\_\_\_ give consent for the exchange of relevant information / documentation between Rapidswim and:

- NDIS/NDIA
- Your Plan Manager (if applicable)
- NDIS Certification Auditors
- Your Medical Practitioners and Allied Health Practitioners
- Community Services / Family Services you are accessing
- And other people/providers you authorise sharing of your information with (*please provide details in table below*):

Name	Role	Organisation	Contact phone	Contact email

I understand that this information will be used exclusively to assist staff of Rapidswim to make appropriate and informed decisions regarding my case support.

- I understand that any information gathered may be recorded in my file.
- I understand that any information gathered will remain confidential.
- I understand that my file could be accessed for the requirements of file audits. These are carried out by Rapidswim / NDIS certification auditors/NDIS staff to ensure files are kept in an appropriate way.
- I understand that the data collected about me by Rapidswim may be used for research purposes, and that, in this case, I will not be identified in any way.
- I understand that this consent remains in force only for the length of this service agreement
- I understand that this consent can be withdrawn at any time by my request to the Key Worker or Case Manager. I understand that I do not have to give any reasons as to why I wish to withdraw consent.
- I understand that Rapidswim may be required to share information **without** my consent. This may include:
  - If there is a reportable incident
  - If required by subpoena
  - If required by an authorised agency such as but not limited to Centrelink, Australian Tax Office

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

Signature of Participant / Participant's Representative (*circle applicable*)

Signature of Authorised Staff Member

## Participant Withdrawal of Consent to Share Information Form

If you no longer give consent to share information outlined in Page 5 of this document please complete and sign the section below on this page.

Your consent can be withdrawn at any time by completing this document (Page 6) and returning this to the key worker or staff member. You do not have to give any reasons as to why you wish to withdraw consent.

I, \_\_\_\_\_ withdraw the consent given above.

**Signed** \_\_\_\_\_

Signature of Participant / Participant's Representative (*circle applicable*)

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

Signature of Authorised Staff Member

**Date** \_\_\_\_\_