

Intake Form



This service agreement is made between:

Fishability QLD Incorporated, we or us:
Fishability QLD Incorporated ABN 85 770 955 291
Address: 7-9 Spinnaker Drive Sandstone Point
4511
Email: emma@fishabilityqld.org.au
Contact: Emma Dyson

and:

Client or you:

First Name:

Last Name:

Phone:

Mobile:

Email:

Date of Birth:

Street:

Suburb:

State:

Postal Code:

NDIS Number:

Plan Start Date:

Plan Expiry Date:

Representative who can act for you (if any)

First Name:	
Last Name:	

Approved By:	The Board of Fishability QLD Incorporated	Version 6
Approval Date:	MARCH 2025	Next Scheduled Review 2025

Phone:	
Mobile:	
Email:	
Relationship to Client:	

Fishability QLD Incorporated to invoice:

Self-managed email address – Plan managed email address -	
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PLEASE NOTE TIMES AND LOCATION FOR THE HEALTH AND WELL-BEING PROGRAM

Spinnaker Sound Marina, Sandstone Point (9 Spinnaker Drive Sandstone Point, carpark to the right of the 7/11.)

Wednesdays weekly – 9am to 2:30pm

Fridays weekly - 7:30am to 12:30pm.

MUST BRING OWN FOOD AND DRINKS

All fishing equipment, boats and boat supplies are provided!

Please let us know if you require extra consideration e.g. I am in a wheelchair. Please note. We do not operate this program during school holiday seasons due to our School Holiday Programs. Please ask our friendly team if you are interested.

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SCHEDULE OF SUPPORTS

Fishability QLD is a not-for-profit organisation supporting individuals in the community who experience loneliness and social isolation. We provide socially inclusive activities and events in the community to break the impact of feeling disconnected and marginalized. Locations and times vary according to the event.

People who are plan and self-managed can access our programs more frequently, because they are funded under the relevant government support plans. All income received is absorbed back into our social inclusion programs to make opportunities available for EVERYBODY. *(please see the website for free and low-cost events - <https://fishability.com.au/>).*

Our Health and Wellbeing, social inclusion activities/events for self and plan managed participants

If it is your choice to attend with an additional external support, this is the line-item, hourly rate, units and total cost hours may change due to length of supported activity – (please circle or highlight)

DATE: 04_102_0136_6_1 Group Activities - Standard - Weekday	\$50.00	5.5	\$275.00
DATE: 04_104_0125_6_1 - Access Community Social and Rec Activities - Weekday Daytime	\$50.00	5.5	\$275.00

If it is your choice to attend without external support, this is the line-item cost –

DATE: 04_104_0125_6_1 - Access Community Social and Rec Activities - Weekday Daytime	\$60.00	5.5	\$330.00
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Establishment fees (Fees for Service)

Payments

The Provider will seek payment for their provision of Services after the Participant/Participant's Representative confirms satisfactory delivery. Such confirmation cannot be unreasonably withheld.

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Responsibilities of Provider

The Provider agrees to:

- Communicate openly and honestly in a timely manner.
- Treat the Participant with courtesy and respect.
- Give the Participant a minimum of 24 hours' notice if the Provider must change a scheduled appointment to provide Services.
- Give the Participant the required notice if the Provider needs to end the Agreement (see '[Ending this Service Agreement](#)' below for more information).
- Protect the Participant's privacy and confidential information.
- Provide Services in a manner consistent with all relevant laws, including the [National Disability Insurance Scheme Act 2013](#) and [rules](#), and the Australian Consumer Law; keep accurate records on the Services provided to the Participant; and
- Issue regular invoices and statements of the Services delivered to the Participant.

Responsibilities of the Participant/Participant's Representative

The Participant/Participant's Representative agrees to:

- Inform the Provider about how they wish the Services to be delivered to meet the Participant's needs.
- Treat the Provider with courtesy and respect.
- Talk to the Provider if the Participant has any concerns about the Services being provided.
- Give the Provider a minimum of 48 hours' notice (for one off bookings only, 7 days for regular bookings, i.e. weekly, fortnightly, monthly), if the Participant cannot make a scheduled appointment; and if the notice is not provided by then, the Provider's cancellation policy will apply.
- Give the Provider the required notice if the Participant needs to end the Agreement (see '[Ending this Service Agreement](#)' below for more information); and
- Let the Provider know immediately if the Participant's NDIS Plan is suspended or replaced by a new NDIS Plan or the Participant stops being a participant in the NDIS.

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Cancellation Policy:

- If the participant makes a short-notice cancellation, which is less than 48hrs (for one off bookings only, 7 days for regular bookings, i.e. weekly, fortnightly, monthly), before the service, the provider will charge 100% of the agreed price for the cancelled appointment. This fee may be charged against a participant's NDIS Plan up to 12 times per year for personal care and community access Services.
- For other cancellations, where the participant has provided notice of cancellation prior to 48hrs (for one off bookings only), 7 days for regular bookings, i.e. weekly, fortnightly, monthly the day before the scheduled service, the provider will not charge a cancellation fee.
- Where a participant fails, at short-notice or without notice, to keep the scheduled arrangement for the support, the provider will make every effort to contact the participant to determine if there is an additional problem (e.g., the person has fallen out of bed and cannot raise an alarm, or there is a sudden breakdown in the informal Services and additional support is likely to be required).
- Where there is a specific risk that a participant will frequently make short-notice cancellations for a support due to the nature of a person's disability or the nature of the support (e.g., behaviour intervention Services), the provider will make individual arrangements to minimise the number of cancellations.

Cancellation and No-Show Policy

You agree that we may charge you 100% of the relevant amount that would otherwise be payable to us if you:

Do not show up for a scheduled Service within a reasonable time, or are not present at the agreed place and within a reasonable time when Fishability QLD Incorporated is travelling to deliver the Services; or

Have given less than two (2) clear business days' notice (for one off bookings only, 7 days for regular bookings, i.e. weekly, fortnightly, monthly) to the cancellation for a Service that meets both of the following conditions:

The support is less than 8 hours continuous duration; and

The agreed total price for the Service is less than \$1000; or

Have given less than two (2) clear business days' notice of cancellation for any Service that does not fall under clause 10(b). (One off bookings only), 7 days for regular bookings, i.e. weekly, fortnightly, monthly)

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Privacy

Your privacy is important to us. When we provide the Services to you, we will collect, use, disclose and store information about you. The information is known as Personal Information and Sensitive Information.

Our Privacy and Dignity Policy defines what this Personal Information and Sensitive Information is and how we collect, use, store and disclose this information. You can request a copy of our Privacy and Dignity Policy and should read it carefully – it contains important information. You do not have to consent to us collecting, using, storing and disclosing this information.

You can make decisions about your Personal Information and Sensitive Information including about how we collect, use, store and disclose it when you complete a Privacy Consent Form.

This agreement must be approved by your plan manager prior to submitting.

I have read and understand the terms stated in this agreement
and have approved this with my plan manager (please tick for yes)

Name -

Signature –

Date -

Fishability QLD Incorporated

Name -

Signature –

Date -

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