



Registered NDIS Provider

Pure Traveller Pty Ltd

t/as Johnny H Adventures

ABN 27 158 560 206 | TIDS 96-8 4362 2 | NDIS 405 002 3595

6 Salacia Ave Mermaid Waters Q 4218

Local 1300 053 001 Int. +61 7 5679 8020

Client Name:																			
NDIS Number:													Date of Birth	D	D	M	M	Y	Y

Type of Activity											
Social Activity	<input type="checkbox"/>	Day Adventure	<input type="checkbox"/>	Short Trip Adventure	<input type="checkbox"/>						

Service Description:																					
Service Agreement Period:													to								

This service agreement is made for the purpose of outlining the intended supports by Pure Traveller to the participant under his/her NDIS plan.

My service agreement is made up of:

1. Service Cost
2. Service Description
3. Terms & Conditions
4. Your Agreement

Personal Information:

1. Pure Traveller collects and stores person data for the use of conducting services as described in this service agreement.
2. This data will never be sold, lent or rented to any third party's for any use.
3. Information will be shared, where required and limited to the bare minimum, with third parties who through their normal course of business require information. This includes, airlines, hotels, activity operators and where applicable foreign governments for the purposes of visa application.
4. Without the provision of information required, the services described will not be able to be facilitated
5. Pure Traveller Privacy Policy can be found at: www.puretraveller.com.au/privacy

Responsibilities of Pure Traveller

Pure Traveller agrees to:

- Review the provision of the supports with the participant prior to ensure the appropriateness of involvement
- Ensure that participants plan goals can be achieved through involvement in JH activities
- Communicate openly, honestly and in a timely manner
- Treat the participant with courtesy and respect
- Provide the participant with all information and course/s of action to manage complaints or disagreements
- Listen to the participants feedback
- Provide a minimum of 30 days notice if the intended Johnny H activity will not depart as planned.
- Protect the participants privacy and confidential information
- Provide all supports in a manner consistent with all relevant laws, state and commonwealth.
- Provide regular invoices and statements as requested by the participant

Responsibilities of the Participant

The participant / or their representative agrees to:

- The participant or their representative will Inform Pure Traveller in a timely manner any circumstances that may affect the participants involvement in a Johnny H Community Program activities
- The participant or their representative acknowledge that the amount set out in the service cost will be charged via their NDIS plan and any shortfall to this amount will be added to the participant's contribution.
- The participant or their representative acknowledges that an invoice for the participant contribution will be issued and this amount is to be paid for by the due date.
- The participant or their representative acknowledges that if Pure Traveller is unable to claim any amount via the NDIS for whatever reason the participant or their representative will be liable for that amount. This includes if the participant decides not to join the tour and Pure Traveller has incurred costs based on the good faith involvement of the participant. **(please sign & date this acknowledgement)**
- has a completed Medication Administration form as required.

Please sign and acknowledge

PRINT NAME

SIGNATURE

Dated:

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Community Program Service Description:

Date	Activity Description	Line Item Description	Hours	Participant Cost


Your Agreement

I have read, understood and agree to abide by the Pure Traveller booking conditions as supplied with this form:

Relationship	Parent	<input type="checkbox"/>	Guardian*	<input type="checkbox"/>	Family Member*	<input type="checkbox"/>				
Printed Name		Signature			Date					
					D	D	M	M	Y	Y

* please note as this is a legal document, we require supporting evidence of the signing persons legal capacity to sign on behalf of the traveller

Our Acknowledgement

Printed Name	Signature	Date					
Scott Hirst		D	D	M	M	Y	Y

Office Use Only		
Administrative Activity	Date Completed	Completed
VTO Profile Created / Updated		
VTO Booking Created		
Participant Contribution Booking Invoice Sent		
Participant Contribution Payment Received		
PRODA Service Lodged		
PRODA Service Claimed		