

Authority for a Support Coordinator to sign up for Plan Partners' services

The purpose of this form is so that you can provide your consent to your support coordinator entering into a customer service agreement with Plan Partners on your behalf.

Support Coordinator Details:

Name:

Organisation:

Customer Details (this is the NDIS participant receiving the services):

Name:

Date of birth:

If applicable, name of the person responsible / plan nominee:

Name:

By signing this form, you, agree and acknowledge that:

- Your Support Coordinator has the authority to enter into a customer service agreement with Plan Partners on your behalf, and you have provided that authority freely and validly;
- The terms and conditions of the customer service agreement have been explained to you in a way that you understand, and you agree with them;
- Plan Partners has the authority to enter you details into its system and contact you regarding its services;
- Your personal or sensitive information will at all times be handled in accordance with Plan Partners Privacy Policy, a copy of which can be obtained at www.planpartners.com.au;
- So that Plan Partners can provide services to you, there may be times that Plan Partners collects personal or sensitive information without your consent and Plan Partners and your support coordinator may share your personal or sensitive information with each other.

Signature:

Name:

Date: