



YOUR CONNECTS

YOUR CONNECTION
TO THE COMMUNITY

Community Program Service Agreement

Use this form to register for an ongoing community event/social group. If you are wanting to register for ongoing service, please complete the New Participant Form instead. If you are wanting to register for a one time event, please complete the Community Event Form.

Participant Details

Participant's Full Name: _____

Participant's Nickname/ Preferred Name: _____

Participant's Date Of Birth: _____

Participant's Pronouns

☐ She/ Her

☐ He/ Him

☐ They/ Them

☐ Other: _____

Participant's Phone Number: _____

Participant's email OR Participant's Parent/ Carer/ Guardian Email:

Participant's Parent/ Carer/ Guardian Full Name (if applicable):

Participant's Parent/ Carer/ Guardian Phone Number: _____

Emergency Contact (write AS ABOVE if same person): _____

Emergency Contact Phone: _____

Which community service are you booking for?: _____

Date of your first attendance: _____

How are your NDIS Funds managed?:

- ☐ Self Managed
- ☐ Plan Managed
- ☐ Agency Managed
- ☐ I'm not sure can you call me please

If Plan Managed please provide your Plan Manager's email for invoicing:

NDIS ID 405 0169 216
ABN: 41 672 508 520
Email: info@yourconnects.com.au

Phone: 0412 752 281
Website: www.yourconnects.com.au

Address: 1 Zirconia Mews, Cobblebank VIC 3338



Participant Support Needs

1. Triggers / Risks / Health Concerns (Please list anything that may cause distress, behaviours of concern, or health issues we should be aware of, e.g. loud noises, allergies, absconding):
2. Early Warning Signs (How can we recognise if the participant is becoming distressed, unwell, or overwhelmed?):
3. Best Support Strategies (What helps the participant feel safe, calm, and supported if triggers or risks occur?):

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During this event, staff may take photos or videos of participants for the purposes of: 1. Sharing memories with participants and their families. 2. Promoting activities run by Your Connects (e.g., on social media, website, newsletters). 3. Record-keeping and reporting for NDIS compliance. Please select:

☐ YES, I give permission for photos/videos of the participant to be taken and used for the above purposes.

☐ YES, BUT ONLY for personal sharing with the participant and their family (not for public promotion).

☐ NO, I do not give permission for photos/videos of the participant to be taken or used.

Signature: _____

Name of person signing: _____

Date: _____

By signing this form, you agree to the above services and costs being billed to your NDIS plan (or directly to you for non-NDIS costs). Cancellations with less than 2 business days' notice may be charged in line with NDIS Price Guide rules.

Each community or social activity offered by **Your Connects** is individually costed based on the nature of the program, duration, location, and required supports.

- **Cost per session:** Will vary per program and may include a combination of support worker facilitation, supervision, activity materials, venue hire, or instructor fees.
- **NDIS funding category:** Core Supports – *Assistance with Social, Economic and Community Participation (Category 04)*.
- **NDIS line items used (where applicable):**
 - 04_104_0125_6_1 – Assistance with Social and Community Participation (for support facilitation)
 - 04_210_0125_6_1 – Community, Social and Recreational Activities (for program/activity fees)

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Cancellation Policy

- A minimum of **48 hours' notice** is required to cancel or reschedule a session.
- Cancellations made with less than 48 hours' notice may incur the full session charge, as permitted under NDIS Cancellations Policy (NDIS Price Guide Clause 9.1 – Short Notice Cancellations).
- Cancellations due to illness, emergencies, or unsafe weather conditions may be waived at Your Connects' discretion.

Risk and Supervision Disclaimer

Your Connects provides a safe, inclusive, and supervised environment; however:

- Participants (and/or their guardians) acknowledge that activities may include light physical movement, outdoor settings, and group interaction.
- Reasonable care is taken to ensure safety, but Your Connects and its staff are not liable for injuries, loss, or personal property damage resulting from participation, except where required by law.
- Guardians or support persons must ensure participants arrive and are collected on time.
- Any medical, sensory, or behavioural support needs must be disclosed prior to participation so that appropriate adjustments can be made.

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