

NDIS Service Agreement

Parties

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

[Participant / Participant's representative (such as a family member or friend)]

and

Provider

Sensory Tools Australia

This Service Agreement will commence on _____ for the period 12 Months

- The supports provided under the Service Agreement - **Equipment /Training**
- Cost of those supports \$ _____

Contact details

The *[Participant / the Participant's representative]* can be contacted on:

Contact details	
Address	
Daytime Phone	
Mobile	
Email	
Address	
Contact person	
NDIS NUMBER	

The Provider can be contacted on:

Business Name	Sensory Tools
Phone [B/H]	(02)45786123
Contact Name	Michelle Smith
Email	accounts@sensorytools.net
Address	Shop 4,28 Laurence Street Hobartville NSW 2753

Agreement signatures

The Parties agree to the terms and conditions of this Service Agreement.

Signature of *[Participant / Participant's representative]*

Name of *[Participant / Participant's representative]*

Date

Signature of authorised person from Provider

Name of authorised person from Provider

Date

Please attach a copy of your order