

NDIS Service Agreement

This Service Agreement is for _____ a participant in the

National Disability Insurance Scheme and is made between:

The Participant/Participant's Representative:

And

The Provider: Source Kids Limited ABN 36 614 552 171

From Date:

To Date:

Support Provided: Magazine Subscription

Amount: \$35.00 per subscription for four issues of Source Kids

Number of Subscriptions:

RESPONSIBILITY OF THE PROVIDER

The provider undertakes to supply goods and or services as outlined in the Participants order.

RESPONSIBILITY OF THE PARTICIPANT

Inform the Provider via order form the number of subscriptions required and postal address details for delivery.

Advise the Provider in writing if the Participants plan is suspended or replaced with a new plan.

CONTACT DETAILS OF PARTICIPANT/PARTICIPANT'S REPRESENTATIVE

Name of Participant:

NDIS Number:

Date of Birth:

Address of Participant:

Carer Name:

Contact Number:

Email:

Plan Type: Self Managed Plan Managed Agency Managed

IF PLAN MANAGED

Agency Name:

Address:

Phone:

Email:

Contact:

Category of items purchased: Assistive Products – Personal Care & Safety

THE PARTIES AGREE TO THE TERMS AND CONDITIONS OF THIS SERVICE AGREEMENT

Signature of Participant/Representative:

Print Name:

Date:

Signature of Provider Representative:

Print Name:

Date: