

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

Sister Sensory

This Service Agreement will commence on _____ for the period ____/____/____ to ____/____/____

The supports provided under this Service Agreement – Equipment/Consumables

Total cost of supports provided \$ _____ postage \$ _____

Category used to purchase items – (select)

- | | |
|---|--|
| <input type="checkbox"/> Assistive Products Personal Care/Safety | <input type="checkbox"/> Comms and Info Equipment |
| <input type="checkbox"/> Assistive Products for Household Task | <input type="checkbox"/> Consumables |
| <input type="checkbox"/> Assistive Equipment for Recreation - all other equipment | <input type="checkbox"/> Hearing Equipment |
| | <input type="checkbox"/> Personal Mobility Equipment |

Contact details

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

Contact details	
Phone [B/H]	
Phone [A/H]	
NDIS Number	
Date of Birth	
Plan Start Date	



Narelle Falzon
Managing Director

Sister Sensory
PO Box 241
Bacchus Marsh
VIC 3340

M : 0401 689 313
E : info@sistersensory.com.au
W : sistersensory.com.au



Plan End Date	
Mobile	
Email	
Address	
Alternative contact person	

The Provider can be contacted on:

Business name	Sister Sensory
Contact Name	Narelle Falzon
NDIS Number	4050021710
Phone [B/H]	+61 401 689 313
Email	info@sistersensory.com.au
Address	PO Box 241 Bacchus Marsh VIC 3340

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 form.

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