



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: EMC t/as Sensory Connect ABN 87 895 749 138

From Date To _____ to Date From _____

Support Type Provided _____

Amount Total _____

Postage _____

Responsibility of The Provider:

The provider undertakes to supply goods and or services as outlined in the Participants' order in a timely and cost effective manner.

Responsibility of the Participant

The Participant / Participant's Representative agrees to

- Inform the Provider via order form as to what goods and or services are required
- Advise the Provider in writing if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS within seven (7) days of said suspension or new plan taking effect.

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 Agency Managed Plan Managed

IF PLAN MANAGED

Agency Name	
Address	
Phone	
Email	
Contact	

CATEGORY OF ITEMS PURCHASED (circle or highlight)

Assistive Products – Personal Care & Safety

Communications and Info Equipment

Assistive Equipment for Recreation

Consumables

Assistive Products for Household Tasks

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