



## 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 Caregiver** \_\_\_\_\_

And

**Provider** SKILLBUILDERS THERAPY SERVICES & PRODUCTS FOR CHILDREN

This Service Agreement will commence on \_\_\_\_\_ for the period of 12 months

Please tick the support category under the NDIS plan to be used =

- Consumables – Daily Adaptive Equipment

**OR**

- Assistive Technology – Flexible Support Package

- Total Cost of this claim \$\_\_\_\_\_

### Contact Details

The Participant/Participant's Caregiver can be contacted on:

Name of Participant	
NDIS Number	
Date of Birth	
Carers Name	
Address of Participant	
Phone Number	
Email	

The Provider can be contacted on:

Business Name	Skillbuilders Therapy Services & Products for Children
Phone	(08) 9417 4903
Contact Name	Penny Melsom
Email	info@skillbuilders.com.au
Address	Unit 1/24 Hammond Rd, Cockburn Central WA 6164

## Agreement Signatures

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

\_\_\_\_\_  
Signature of Participant/  
Participant's Caregiver

\_\_\_\_\_  
Name of Participant/  
Participant's Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorised person  
From Provider

\_\_\_\_\_  
Name of authorised person from  
Provider

\_\_\_\_\_  
Date

**ESSENTIAL** - Please include your Quote number here \_\_\_\_\_

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