

## **NDIS Service Agreement - The Therapy Store Pty Ltd**

## **Parties** This Service Agreement is for \_\_\_\_\_ D.O.B\_\_\_\_\_\_, a participant in the National Disability Insurance Scheme (Participant), and is made between: Participant/ Participant's Caregiver \_\_\_\_\_ and Provider The Therapy Store Pty Ltd This Service Agreement will commence on for the period of 12 months or until the Participants plan end date has been reached. Please indicate the Service Agreement support area budget for this purchase: ☐ Assistive Technology ☐ Core Supports (Low Risk) Total Cost of those supports \$\_\_\_\_\_ **Contact Details** The Participant/Participant's Caregiver can be contacted on: Name of Participant **NDIS Number** Dates of current plan Carers Name Address of Participant Phone Number **Email**



The Provider can be contacted on the following details.

Business Name	The Therapy Store Pty Ltd
Phone	(03) 9380 1127
Contact Name	Nick Taylor
Email	sales@thetherapystore.com.au
Address	16-18 Gale Street, Brunswick East VIC 3057

## **Agreement Signatures**

The Parties agree to the terms and conditions of this Service Agreement		
Signature of Participant/	Name of Participant/	
Participant's Caregiver	Participant's Caregiver	
 Date		
Date		
Signature of authorised person	Name of authorised person	
From Provider	from Provider	
Date		

Please include a list of the items you wish to include as part of your purchase when emailing this agreement to us. Alternatively, you can create a quote on our website by following the steps below:

- Browse website and add items to cart
- Once complete click "Your Cart" in the top right hand corner of the page and click "View Cart" in the popup
- Your cart will now be displayed and above the Total column will be a button "Print this page" allowing you to save your cart as a PDF or print to be scanned
- Attach the copy of your cart to your return email and send