



little
earthnest
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

Doyenne PB T/A Little Earth Nest

This Service Agreement commences on _____ for a period of 12 months

- Supports provided under this Service Agreement - **Equipment such as consumables**
- Total cost of those supports \$ _____ Postage \$ _____

Category used for purchase – IE Assistive Tech /Consumables _____

Contact Details

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

Contact details	
Name of Participant	
NDIS Number	
Participant DOB	
Carers Name	
Address of Participant	
Phone Number	
Email Address	

The Provider can be contacted on:

Business Name	Little Earth Nest
Phone [B/H]	03 5222 4446
Contact Name	Pippa Buxton
Email	pip@littleearthnest.com.au
Address	265 Myers Street East Geelong VIC 3219

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

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