

**Specialist Allied Health and Behaviour Support Provider (Prequalification) Scheme**

**DoE1695694444**

**NAME**

**NUMBER**

**Part E – ORDER FORM FOR SCHEME SERVICES**



**Order Form for Scheme Services**

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| This Order Form is formed under the Scheme Agreement for the following Department of Education Scheme: (Tick correct box)  Student Engagement and Attendance Prequalification Scheme  Specialist Allied Health and Behaviour Support Provider (Prequalification) Scheme  *Note to Schools: This Order Form can only be used for these Schemes. Please check {insert intranet link} to confirm the Service Provider is appointed under the Scheme you would like to use.* |

School

| School name | |
| --- | --- |
| The State of New South Wales by its Department of Education through its: | *<Insert name of school>* |

| Address |
| --- |
| *<Insert address of school>* |

|  |  |  |
| --- | --- | --- |
| Contact | **Email** | **Phone** |
| *<Name, position>* | *<Email address>* | *<Phone>* |

Scheme Service Provider

| Scheme Service Provider name |
| --- |
| *<Insert name of service provider and ABN>* |

|  |  |  |
| --- | --- | --- |
| Contact | **Email** | **Phone** |
| *<Name, position>* | *<Email address>* | *<Phone>* |

Signing section

|  |  |  |  |
| --- | --- | --- | --- |
| School | | **Service Provider** | |
|  | |  | |
| Signature of Principal | | Signature of Authorised Officer | |
| *<Print name of Principal>* | | *<Print name of Authorised Officer>* | |
| Date: |  | Date: |  |

Description of Services

*Note: Any changes to these details (including Specified Personnel) must not be made without the agreement of the Service Provider and the School.*

|  |  |
| --- | --- |
| *<Insert the description and requirements and purposes of the services. You can refer to a proposal document that can be attached to this order. Any reporting requirements should be set out here.> Refer to attachments here.* | |
| **Attachments** | *<List all attachments>* |

|  |  |
| --- | --- |
| **Specified Personnel** | *<Insert names of individuals from Service Provider who will provide the services>* |

Services delivery times

| *<insert details such as start date and end date, or delivery schedule>* |
| --- |

Price and Payment

|  |  |
| --- | --- |
| **Price (ex GST)** | *<Insert total price>* |
| **Invoice timing** | *<Insert how price will be paid e.g. On completion, or 75% upfront and 25% on completion>* |