

SERVICE CONTRACT DETAILS

Item No	Term	Details
Item 1	Your Name, ABN and Address	Name of legal entity: Trading name (if any): ABN: ACN: Address: Email:
Item 2	Type of organisation	Legal status: <input type="checkbox"/> Company Limited by Guarantee <input type="checkbox"/> Aboriginal and Torres Strait Islander Corporation <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Local Council <input type="checkbox"/> Co-operative <input type="checkbox"/> Australian Government Department <input type="checkbox"/> Other (specify) _____ Charity status: <input type="checkbox"/> Registered charity
Item 3	Our Address for Service of Notices	Address: Email:
Item 4	Commencement Date	1 October 2016
Item 5	Completion Date	30 June 2018
Item 6	Our Representative	Name: Position: Telephone: Email:
Item 7	Your Representative	Name: Position: Telephone: Email:

Item 8	Programs you are funded to deliver services under	<input type="checkbox"/> CHSP <input type="checkbox"/> CCSP <input type="checkbox"/> CTP <input type="checkbox"/> Travel Training
Item 9	GST Status and Type of Entity	<input type="checkbox"/> Registered for GST <input type="checkbox"/> Government entity <input type="checkbox"/> Not required to be registered for GST
Item 10	Your Account Details	Institution: Account Name: BSB: Account Number:
Item 11	Your indemnity cap	Insurable negligence: at a minimum amount of \$10 million public liability insurance. All other liabilities: capped at an amount equal to the amount of Funding paid, or to be paid, to you for the delivery of the Services in the first year of the Term.
Item 12	Our liability cap	1 times the total amount of the Funding paid, or to be paid, to you for the delivery of Services in the first year of the Term