

Register of Support Providers Statement of Agreement

Student name _____

Support provider name _____

Objectives Agreement (Delete as appropriate)

Number of hours – per day/per week _____

Agreed meeting days and time _____

Support location _____

Summary of support to be provided _____

Amount of time student/support provider
will wait if either does not arrive: _____

Preferred contact method: _____

Preferred contact details:

Student: _____

Support provider: _____

1. I agree to log/approve timesheet claims within 5 working days of all support being delivered.
2. I agree to notify the other party of any possible cancelled sessions as soon as I am aware of any changes to agreed sessions, giving at least 24 hours' notice.

Signed (Student): _____ Signed (SP): _____

Date: _____ Date: _____