**ORDER FOR DIGITAL SERVICE PROFESSIONALS**

Details agreed to by both the Agency and the Service Provider:

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| 1. | Specialist Services Deed SON Number | **SON3364729** |
| 2. | Agency reference number | *[specify]* |
| 3. | Service Provider (You)  Name of contact person:  Contact details: *Email and phone*  ABN: | *[Insert service provider's name]* |
| 4. | Agency name:  Agency contact officer:  Agency contact details:  Agency ABN: | *[specify]* |
| 5. | Services Start Date | *[specify]* |
| 6. | Order Period | *[specify initial period eg 6 weeks]* |
| 7. | Extension options | *[specify extension options eg further periods of 4 weeks as notified in writing by the Agency]* |
| 8. | Category of Service | *[specify]* |
| 9. | Service Charges (and any approved expenses) | *[specify]* |
| 10. | Details of pre-Existing Material of the Agency | *[specify]* |
| 11. | Deliverables to be provided as part of the Services | *[Specify Deliverables to be produced as part of the Services. Specify content and quality requirements]* |
| 12. | Performance Criteria | *[Specify the Performance Criteria by which the Services will be measured eg Acceptance by the Agency of the Deliverables, approval by the Agency that the Personnel provided meet the skill set specified for them. Specify how the Performance Criteria will be measured and how often eg by the Agency by written notice to the service provider (You) within 5 days of the beginning of each calendar month during the Order period.]* |
| 13. | Service Charges (and any approved expenses) | *[Specify the amount of Service Charges to be paid, and how it will be paid eg in arrears and subject to the provision of a correctly rendered tax invoice and compliance with the applicable Performance Criteria]* ***[we assume no service rebate formula will be used]*** |
| 14. | Security requirements | *[Specify any specific security requirements known at the outset of the Order]* |
| 15. | Specified Personnel | *[Specify each person who is a Specified Personnel and the skill set they are to provide]* |
| 16. | Subcontractors | *[Specify any approved subcontractors]* |
| 17. | Liability Cap | *[Specify any liability cap if required by agency and agreed for the Order, based on the Agency's risk assessment]* |
| 18. | Confidential Information | *[Specify]* |
| 19. | Other e.g meeting attendance and reporting, certification to be held by personnel. | *[Specify any additional requirements for the Services eg additional insurance]* |

Note: Signing of this Order means that a separate contract is created between You and the Agency as explained in the Deed of Standing Offer.

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| Signed for and on behalf of Commonwealth of Australia by  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  name and title of the Agency's authorised officer in the presence of:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature of witness*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Full name of witness | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Agency's authorised officer |
| Signed by ***[Full Service Provider Name]*** ABN by its duly authorised representative in the presence of:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  name and title of the Agency's authorised representativein the presence of:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature of witness*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Full name of witness | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorised Representative |