This document contains information about our services and business policies. Please read it carefully. When you sign this document, it will constitute an agreement between you as the client (or the client’s representative) and **(Insert your name/business details)** as the service provider.

This service agreement is for:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And

**(Insert your name/business details)**

The agreement will commence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Insert your name/business details)** provide Equine Facilitated Learning which is designed to promote experiential learning, empowerment, and positive experiences. It is NOT therapy but is intended to be a therapeutic interaction with a facilitator and horse. **(Insert your name/business details)** is not a registered NDIS provider.

You will be in close proximity to horses and engaging with them in a number of ways therefore it is essential that you understand the inherent risk factor that comes with this kind of activity.

Horses are large and potentially unpredictable animals who may act or react without noticeable warning. **(Insert your name/business details)** will provide safety instruction and minimise the inherent risk to keep you as safe as possible during interactions. However, you must acknowledge and understand these risks and do your part to minimise risk and follow any safety instructions.

EFL sessions will generally be conducted outside, and you will need to be prepared for varying weather conditions and dress accordingly – closed-in shoes, long pants, sun protection and/or waterproofs.

We will endeavour to assist with any goals or objectives you may have or work with your other therapists/ providers where appropriate but if EFL is not appropriate or we do not have an appropriate horse you will be advised.

**Code of Ethics**

**(Insert your name/business details)** has a code of ethics and standards which all Facilitators adhere to and can be supplied on request. All participants agree to treat each other with courtesy and respect – abuse of a verbal or physical nature, including any directed towards the horse, will not be tolerated and the session (and possibly provision of service) will be terminated.

**Confidentiality**

All discussions during sessions are confidential and participants privacy is respected and confidential information protected. **(Insert your name/business details)** cannot be held liable for a participants (or their representatives’) failure to disclose information that may negatively impact an EFL session or have serious medical implications. However, **(Insert your name/business details)** may be obligated to notify other parties when the protection of children and vulnerable adults is a concern. **(Insert your name/business details)** will, where possible, discuss disclosure beforehand and endeavour to agree a way forward.

**Fees and Cancellation**

Payment of fees is expected within a reasonable period. If more than 2 invoices are outstanding, sessions will be suspended until payment is received. Terms and payment details are provided on the invoice. Cancellation of sessions must be provided in writing and if received with less than 48 hours’ notice (unless by prior agreement) may be charged at the full rate. Cancellation due to weather is by mutual agreement. Both parties have the right to terminate this service immediately if serious breaches of the agreement are made. Termination of the service for any other reason must comply with the session cancellation terms and be provided in writing. Any outstanding fees must be paid. Complaints must be provided in writing to **(Insert your name/business details)** – the complaints and grievance procedure is available upon request. If services are being funded by NDIS, the complaint may also be raised with them.

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| Participant Name: |  |
| Participant Signature: |  |
| Participants Representative (U18yrs) Name: |  |
| Participants Representative (U18yrs) Signature: |  |
|  |  |
| **(Insert your name/business details)** – Name: |  |
| **(Insert your name/business details)** – Signature: |  |