



Contract No: [SC117]

Contract Reference: [Autistic Spectrum Condition Service]
Community Care Form of Agreement

NAMES AND ADDRESSES OF THE PARTIES:

The Provider:

[insert name] [Company No, insert] whose registered office is at [insert]

Tel. No:

Email:

The Council:

Reading Borough Council of Civic Centre Reading Berkshire RG1 7AE

Tel. No: 01189 372833

Email: contracts.team@reading.gov.uk

This Agreement is made the between the Council and the Provider.

WHEREAS The Council requires the Service as defined in the Service Specification and the Provider has agreed to provide the Service on the terms contained and set out in the Contract Documents set out below:

NOW IT IS HEREBY AGREED AS FOLLOWS:

- 1. This Contract comprises this Form of Agreement and the following documents which the Provider has received copies of prior to the date hereof:
1.1 The Terms and Conditions
1.2 Service Specification (Schedule I)
1.3 The Contract Price for the Service (Schedule II)
1.4 List of Insurance Requirements (Schedule III)
1.5 List of Commercially Sensitive Information (Schedule IV)
1.6 Details of Authorised Officer and Contracts Manager (Schedule V)
1.7 List of Services and the Premises at which they are to be provided (Schedule VI)
1.8 Monitoring (Schedule VII)
1.9 Definitions and Interpretations (Schedule VIII)
1.10 Client Schedule (Schedule IX)
2. In the event and to the extent of any conflict or inconsistency between the documents comprising the Contract the order of precedence shall be as follows:
2.1 The Terms and Conditions
2.2 The Service Specification
2.3 The Contract Schedules
2.4 This Form of Agreement

As Witness the hands of the Parties the day and year first before written

SIGNATURE:

Signed by a duly authorised signatory for and on behalf of: [name of provider] :

SIGNED: .....

[Director]

PRINT NAME:.....

DATE:.....

Signed by a duly authorised signatory for and on behalf of: Reading Borough Council:

SIGNED: .....

PRINT NAME:.....

DATE:.....