

Paul J. Stevenson OAM. UNAA.

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Psychologist - Traumatologist

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Contract

I/we _____ (authorised person/s) on behalf of _____
(company name if applicable), hereby request the services of Paul J. Stevenson.

I/we agree to pay all costs and to forward all payments in accordance with the Scale of Professional Fees (below), respecting invoice due dates (for assessments, half payment is required at the time of booking, and the balance at the time of service conclusion).

Service rates are listed on our website, and further discounted according to the attached Schedule of Professional Fees. For block purchases, please nominate the number of hours required (_____ hours).

- Trauma debriefing and disaster management - \$250.00 per hour (capped at \$1,980.00 per day)
- Trauma Assessments and Reports - \$250.00 per hour (capped at \$1980.00).
- Court attendance - \$375.00 per hour (capped at \$1,980.00 per day).
- Counselling - \$250 per hour.
- Compassion Fatigue Counselling - \$250 per hour.
- Supervision and mentoring - \$250.00 per hour.
- Education and seminar presentation – \$250 per hour (capped at \$1,980.00 per day).
- All travel for the above at half rates (not applicable for block purchases).
- All other out of pocket expenses.

Payment methods include: Cash, Cheque, EFTPOS, Credit Card, and Internet Bank Transfer.

Payee: Paul J. Stevenson (trading as Access Psychology). National Australia Bank, Helensvale. BSB: 084 707. Account: 6694 70848. I/we understand, that while this service may be underwritten by certain sponsors (e.g. Insurance Companies, WorkCover, Medical Funds, NDIS etc.), the full payment for services is to be directed to Access Psychology in the first instance. I/we understand that it is my/our responsibility to arrange any remuneration from other sponsors.

Name/s: _____

Signature/s: _____

Date: __/__/__

Please email (hello.accesspsychology@gmail.com) this form immediately to confirm your booking.