



## Contract AGREEMENT

Between

Neurodiverse Work Based Training Solutions Ltd

(Company Number: \_\_\_\_\_)

Registered Address: \_\_\_\_\_

(Hereafter referred to as "the Provider")

And

Client Name / Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Hereafter referred to as "the Client")

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **1. Purpose of Agreement**

This Agreement outlines the terms under which the Provider will deliver neurodiversity-focused training, consultancy, or work-based support services to the Client.

### **2. Scope of Services**

The Provider agrees to deliver the following services (tick or specify):

- Neurodiversity Awareness Training
- Workplace Coaching / Mentoring
- Reasonable Adjustments Consultancy
- Staff Workshops
- Bespoke Training Programme
- Recruitment Services
- Audit Support Services

- Other (specify): \_\_\_\_\_

A detailed service description or proposal may be attached as Schedule A and forms part of this Agreement.

### 3. Fees and Payment Terms

- The Client agrees to pay the Provider the following fees:
  - £\_\_\_\_\_ per training session / programme / hour (delete as appropriate).
- All invoices must be paid in full before any training, coaching, or consultancy services commence.
- Bookings are not confirmed until full payment has been received.
- The Client is responsible for all associated travel, mileage, and accommodation costs incurred by the Provider.
  - Travel / Mileage Rate or Amount: £\_\_\_\_\_
  - Accommodation (if required): £\_\_\_\_\_
- Late payments may incur interest at the statutory rate permitted under UK law.

### 4. Responsibilities of the Provider

The Provider will:

- Deliver services with reasonable skill, care, and professional standards.
- Maintain confidentiality as outlined in Section 7.
- Provide qualified trainers, coaches, or consultants.
- Notify the Client promptly of any changes affecting service delivery.

### 5. Responsibilities of the Client

The Client will:

- Provide access to relevant staff, facilities, or information required for service delivery.
- Ensure a safe and inclusive environment for training or coaching sessions.
- Pay all fees in accordance with Section 3.

### 6. Cancellations and Rescheduling

- Training cancelled by the Client within 4 weeks of the proposed training date will incur charges in relation to the cost of the course on a scale.
  - The specific charge amount or percentage may be outlined in Schedule A or agreed in writing.
- Training cancelled by the Client with less than one week's notice may be charged at the full training rate.
- The Provider will make reasonable efforts to reschedule any training they must cancel.
- Neither party is liable for delays caused by events outside their control (force majeure).

### 7. Confidentiality

Both parties agree to keep confidential any personal, sensitive, or organisational information shared during the course of the services, except where disclosure is required by law.

## 8. Data Protection

The Provider will comply with the UK GDPR and Data Protection Act 2018. Any personal data processed will be handled in accordance with the Provider's Privacy Policy.

## 9. Intellectual Property

All training materials, resources, and content provided by the Provider remain the intellectual property of Neurodiverse Work Based Training Solutions Ltd unless otherwise agreed in writing. The Client may not reproduce, distribute, or modify materials without permission.

## 10. Term and Termination

This Agreement remains in effect until:

- The services are completed, or
- Either party terminates the Agreement with 14 days' written notice.

Outstanding fees for completed work remain payable upon termination.

## 11. Liability

The Provider's liability is limited to the total fees paid under this Agreement. The Provider is not liable for indirect or consequential losses.

## 12. Governing Law

This Agreement is governed by the laws of England and Wales.

## 13. Signatures

For Neurodiverse Work Based Training Solutions Ltd

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For the Client

Name: \_\_\_\_\_

Position / Role: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_