

Paul J. Stevenson OAM.

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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 invoice due dates (i.e. half payment at the time of booking, and the balance at the time of service conclusion).

Service rates are as follows (current July 2015).

- 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.
- 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, etc.), the full payment for services is to be directed to Paul J. Stevenson 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 fax [(+617) 3232 1200] or email (access.psychology@gmail.com) this form immediately to confirm your booking.