



A. Parent/Carer Request for Externally Funded Service Providers

Schofields Public School – *Sacrifice, Perseverance, Success*

Student Details <i>Completed by parent or carer</i>	Student Name		DOB	
	Class			
	Parent/Carer Name			
	I hereby provide written consent to the agreed service delivery arrangement and for the sharing of information related to the provider's services to my child between the provider and the school. I understand I am responsible for notifying the school if I terminate the provider's services and to notify the provider if my child will not be at school on a day scheduled for service delivery at the school.			Parent/Carer Signature: Date : / /

External Provider Details <i>Completed by parent or carer in consultation with therapist</i>	Therapist Name	
	Organisation	
	Dept ID If already issued	
	Email Contact	
	Phone Contact	
	Role Registration Details	<input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Physio. <input type="checkbox"/> OT <input type="checkbox"/> Other (advise): _____
	Managers Name Contact Details	
Timeframe/Sessions Maximum length of support is 40min session Please mark <u>all</u> availability so that the classroom teacher can match to timetable. The session chosen by the teacher will be booked and approved.	School Term	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4
	Type	<input type="checkbox"/> Observation only (one off) <input type="checkbox"/> Series of sessions
	Days	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
	Morning	<input type="checkbox"/> 9.30–10.10am <input type="checkbox"/> 10.10-10.50am
	Middle	<input type="checkbox"/> 12.00–12.40pm
	Afternoon	<input type="checkbox"/> 2.00 – 2.40pm
	Playground	<input type="checkbox"/> Recess Play 11.20-11.50 <input type="checkbox"/> Lunch Play 1.10-1.50
		<input type="checkbox"/> Other _____

Goal/s of Intervention:

o This request supports the following student IEP Goal : _____

o This request supports another goal that has been discussed with the parent and classroom teacher.

Please write down the goal for the student e.g. At the conclusion of these sessions the student will

The therapist has confirmed they have;

- Provided therapy at Schofields Public School **post October 2017**(school will verify existing documentation on file)
- Provided therapy at Schofields Public School before (**documentation below required**)

Documentation required by therapist prior to request being considered. *It is a responsibility of the parent/carer and therapist to complete and provide all necessary documentation to the school before the approval of this request.*

- Provide a completed declaration **Appendix 11 Declaration for child related work**
- Working With Children Check clearance details
- 100 point of identity documentation to include phot identification with date of birth details e.g. drivers licence
- Provide evidence of Currency for; - Workers Compensation, or, if the provider is an individual or sole trader performing the work themselves, evidence of personal insurance cover in the event they have an injury
Professional Indemnity (no less than \$2 million) Public Liability (no less than \$20 million)
- Provide certificate showing proof of completion of DoE Child Protection Awareness Training including mandatory reporter procedures <http://cpat.learnbook.com.au/> or a suitable alternative training program developed by the provider for its staff, within the last year
- Provide evidence of relevant health care training (first aid, CPR, ASCIA) where a school determines that the provider should undertake specific health care training. Mandatory for all providers working with a student who has an ASCIA Allergy/Anaphylaxis plan.
- Read the "Working Together" guidelines located on the school website.
- Enter into a written agreement with the school

This request is to be submitted to the school office with all documentation for consideration by the Learning and Support Team.

60 St Albans Road

SCHOFIELDS NSW 2762

Ph: 9627 1534

Fax: 9838 1134

E-mail: schofields-p.school@det.nsw.edu.au

www.schofields-p.schools.nsw.gov.au