
 <p>Student Details Completed by parent or carer</p>	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 : / /

 <p>External Provider Details Completed by parent or carer in consultation with therapist</p>	Therapist Name				
	Organisation				
	Dept # 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):_____			
	Timeframe/Sessions Maximum length of support is 40min session	School Term	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Type		<input type="checkbox"/> Observation only (one off)		<input type="checkbox"/> Series of sessions	
Location of delivery		<input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Other:		<i>Time and day to be determined in consultation with teacher/therapist. Parents to be notified and kept updated of any changes. It is the parents responsibility to notify the therapist if the child is absent from school.</i>	

Teacher use only:

Goal/s of Intervention:

- This request supports the following student PLP Goal : _____
- This request supports another goal that has been discussed with the parent and classroom teacher.

Teacher to initial

Office use only:

- provide a completed **Declaration for Child Related Work - Specified Volunteers and Child-Related Contractors** (first time at DoE School).
- show the school some form of photo identification with date of birth details
- 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 that \$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.

This request is to be submitted to the teacher to determine suitability