
 <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): _____			
	Managers Name Contact Details				
	Timeframe/Sessions	School Term Type	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Observation only (one off) <input type="checkbox"/> Series of sessions		
Maximum length of support is 40min session	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>				

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

Teacher to Initial

The therapist has confirmed they have;

- I **have** provided therapy at Fisher Road School post October 2017(school will verify existing documentation on file)
- I **have not** provided therapy at Fisher Road School before (**documentation below required**)

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

- 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 school office with all documentation for consideration at the next learning and Support Team Meeting