



Tomaree High School

PO Box 710, Nelson Bay 2315

P: (02) 4981 1444

E: tomaree-h.school@det.nsw.edu.au

Parent/Carer Request for Externally Funded Service Providers

Student details	Student Name		DOB	
	Class			
	Parent / Carer Name			
Completed by parent or carer	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/carers signature Date:

External provider details Completed by parent or carer in consultation with therapist	Therapist name				
	Organisation				
	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	<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3
Maximum length of support is 45min session	Type	<input type="checkbox"/> Observation only (one off)		<input type="checkbox"/> Series of session	
	Location of delivery	<input type="checkbox"/> Classroom	<input type="checkbox"/> Playground	<input type="checkbox"/> Other _____	
	Time and day to be determined in consultation with teacher/therapist. Parents to be notified and kept updated of any changes. It is the parent's responsibility to notify the therapist if the child is absent from school.				

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.

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

I have provided therapy at Tomaree High School within the last 12 months (school will verify existing documentation on file)

I have not provided therapy at Tomaree High 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 Volunteer & Child Related Contractor**

show the school 4 form of photo identification with date of birth e.g. Drivers Licence & Passport or Birth Certificate & Medicare Card & Bank or Credit Card.

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 ([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 Head Teacher Support Unit or Head Teacher Welfare