

STRATHFIELD NORTH PUBLIC SCHOOL

REQUEST FOR EXTERNAL SERVICE PROVISION (For therapists to complete)

	Student details									
	Student Name:		Date of birth:							
	Request details									
	Type of Provider Type of Request Thera				Therap	oist [Details			
	Speech Thera	pist		Meeting	Name:					
	Occupational	Therapist		Assessment	Organisation:					
	Physiotherapi	ist		Therapy at school	Email:					
	Behaviour Su	pport Worker			Contact number:					
	Other:				Manager's name:					
					WWCC number:					
				Outcomes 8	& Goals					
W	hat outcomes	will be addressed a	nd l	now do they support	the student's ND	IS goals?				
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				Details of therap	y requested					
	Frequency of	Service (e.g.		Session Time (e.g. 30 mins):	Dura	ition	of Service	(e.g. ⁻	Term 2):
	W	eekly, monthly):								
De	tails of how th	nis will be provided	, i.e.	withdrawn from the	e classroom					
In some cases, the addition of visitors and guests in classrooms can disrupt or divert student focus YES NO										
during therapy sessions. In these cases, more focused therapy/ results can be achieved at external										
venues. Is the delivery of this service necessary during school hours?										
If YES, please outline why this is the case.										
Do	Do you consent to providing input into a review meeting with class staff?									
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Additional Documentation

- Department of Education Clearance Number (including WWCC number and 100 points of ID please complete additional forms attached)
- Evidence of affiliation with a professional body e.g. Speech Pathology Australia, Occupational Therapy Board of Australia
- Evidence of mandatory training requirements including; First Aid Certificate, CPR Certificate, ASCIA schools Anaphylaxis E- Training and Do E's Mandatory Child Protection Training (please refer to link below for DOE's Mandatory Training)
- Current insurance policies:
 - Workers compensation insurance (or personal injury insurance in the case of sole traders undertaking the work
 - Professional indemnity insurance for not less than \$ 2 million
 - Public liability insurance for not less than \$ 20 million.
- Any other relevant information requested by the family or school.

100-point check

1.	Only one of (i.e no additional points for additional documents) 1.1 Council rate notice 1.2 Lease agreement through a registered real estate agent for a period of at least 6 months or rental board bond receipt 1.3 Exchanged contract of sale with settlement to occur within the applicable school year	40
2.	Any of the following 2.1 Private rental agreement for a period of at least 6 months 2.2 Centrelink payment statement showing home address 2.3 Electoral roll statement	20 each
3.	Any of the following documents 3.1 Electricity or gas bill showing the service address* 3.2 Water bill showing the service address* 3.3 Telephone or internet bill showing the service address* 3.4 Drivers licence or government issued ID showing home address* 3.5 Home building or home contents insurance showing the service address 3.6 Motor vehicle registration or compulsory third party insurance policy showing home address 3.7 Statutory declaration stating the child's residential address, how long they have lived there, and any supporting information or documentation of this.	15 each

The department's Mandatory DOE Training is free and available publicly on the MyPL page of the department's website. External provider staff first need to register as a 'community member' on MyPL and create a login ID and password to access the training. Once successfully registered on MyPL, select the 'browse learning' tab, and use the search facility to locate 'child protection' training. A certificate is awarded upon completion of the training, which can be provided as evidence that the training has been undertaken.

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	□ I understand that a decision will be made regarding the provision of therapy services during school hours after extensive, collaborative consultation and negotiation with parents, carers, staff and the Learning & Support Team.						
	Signature		Date				

School Use only

Approved	Signature	Date	
Declined			
On Hold/ Review			