



**STRATHFIELD NORTH PUBLIC SCHOOL
REQUEST FOR EXTERNAL SERVICE PROVISION (For therapists to complete)**

Student details

Student Name:		Date of birth:	
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Request details

Type of Provider	Type of Request	Therapist Details
<input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Behaviour Support Worker <input type="checkbox"/> Other:	<input type="checkbox"/> Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Therapy at school	Name: Organisation: Email: Contact number: Manager's name: WWCC number:

Outcomes & Goals

What outcomes will be addressed and how do they support the student's NDIS goals?

Details of therapy requested

Frequency of Service (e.g. weekly, monthly):	Session Time (e.g. 30 mins):	Duration of Service (e.g. Term 2):

Details of how this will be provided, i.e. withdrawn from the classroom

In some cases, the addition of visitors and guests in classrooms can disrupt or divert student focus 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, please outline why this is the case.

Do you consent to providing input into a review meeting with class staff?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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.
- Current insurance policies:
 - Workers compensation insurance (or personal injury insurance in the case of sole traders undertaking the work themselves)
 - Professional indemnity insurance for not less than \$ 2 million
 - Public liability insurance for not less than \$ 20 million.
- Double dose COVID 19 vaccination statement either:
 - online immunisation history statement or
 - A COVID 19 digital certificate from the Australian Immunisation Register.
- Any other relevant information requested by the family or school.

Disclaimer

- 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	
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School Use only

<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> On Hold/ Review	Signature		Date	
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