

Onsite Therapy Application

Parent initiated service provider for students with disability

The role of a service provider working in the school is to contribute to positive educational outcomes for the student, in a planned, collaborative manner.

Important information for service providers:

Ideally, services provided enhance educational outcomes and goals for students and link to a student's existing Documented Plan.

In considering the school's duty of care towards all staff and students, principals can reconsider access to a provider if:

- the service no longer supports the student's educational needs.
- the service is impacting other students, staff or school operations.
- the service is unreliable or breaches the Service Schedule; or
- they have concerns for the provider's conduct or service quality.

All provider staff must wear identification on school sites at all time.

School details	
School Name: East Victoria Park Education Support Centre	
Location address (not mailing): 30 Beatty Ave, East Victoria Park. 6101	Contact number: (08) 62280750
Student details	
Name: Click or tap here to enter text.	
Parent/Carer details	
Name: Click or tap here to enter text.	
Email address: Click or tap here to enter text.	Contact number: Click or tap here to enter text.
Service provider organisation details	
Organisation: Click or tap here to enter text.	
Location address: Click or tap here to enter text.	A.B.N: Click or tap here to enter text.
Contact name: Click or tap here to enter text.	
Email address: Click or tap here to enter text.	Contact number: Click or tap here to enter text.

Insurance provider: Click or tap here to enter text.	Expiry date: Click or tap here to enter text.
Public liability amount: Click or tap here to enter text.	Professional indemnity amount: Click or tap here to enter text.
Is a copy of insurance cover provided? Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the provider registered with the NDIS? Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Information about the support you intend to provide	
What is the type of support you are seeking to provide? Click or tap here to enter text.	
How does the support link to the student's Documented Plan or goals? Click or tap here to enter text.	
Is a copy of the Student's service plan attached e.g. therapy plan? Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the frequency of service? <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	How long is the session time? <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes <input type="checkbox"/> Other: _____
How long will the support need to be in place for? (e.g. from 1 January 2019 to 23 February 2019). Click or tap here to enter text.	
Provider staff details (please list all staff who will be engaged in service delivery)	
Name: Click or tap here to enter text.	Role: Click or tap here to enter text.
Email address: Click or tap here to enter text.	Contact number: Click or tap here to enter text.
Photocopies attached: <input type="checkbox"/> Working with Children Check <input type="checkbox"/> National Police Clearance (Education) or <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Covid vaccination compliance	List any professional registrations: Click or tap here to enter text.
Name: Click or tap here to enter text.	Role: Click or tap here to enter text.
Email address: Click or tap here to enter text.	Contact number: Click or tap here to enter text.
Photocopies attached: <input type="checkbox"/> Working with Children Check <input type="checkbox"/> National Police Clearance (Education) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Covid vaccination compliance	List any professional registrations: Click or tap here to enter text.

School to complete
Support school staff may provide during school-based service delivery
<i>Confirm the specific roles for staff in the school who may be involved with the student and support the service delivery, for example a school nurse, school psychologist, education assistant.</i>
Agreed school facilities/equipment to be used during school-based service delivery
<i>Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered during class or outside the classroom.</i>
Agreed provider equipment to be used during school-based service delivery
<i>Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.</i>
Supervision arrangements
<i>Details of school arrangements for the supervision of provider during the course of service delivery.</i>
Sharing of information
<i>Details of how and when the provider will share relevant confidential information.</i>
Student specific information
<i>List any relevant considerations e.g. any health conditions which may lead to an emergency response, religious or cultural considerations etc.</i>

Provider Acknowledgment	
<input type="checkbox"/> Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. Schools do not pay any costs for the provider to attend an onsite induction.	
<input type="checkbox"/> Providers must understand and comply with Department of Education policies and school procedures.	
<input type="checkbox"/> Providers will notify the parent and school in writing should the details provided in the Service Schedule change.	
<input type="checkbox"/> Providers will immediately inform the schools about anything related to a student's welfare or safety.	
<input type="checkbox"/> Provides will provide a written handover at the end of the agreement period that includes: <ul style="list-style-type: none"> any ongoing risks for the student. recommendations for any further treatment or support for the student, their family or the school community; and any further action to be taken by the agency. 	
Provider representative name:	
Signature:	Date:
Parent Acknowledgment	
<input type="checkbox"/> Parent understands that principals may reconsider access for a provider at any time.	
<input type="checkbox"/> Parent understands additional information about the decision-making process is available on the Department of Education's public website.	
<input type="checkbox"/> Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session	
<input type="checkbox"/> Parents are responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.	
<input type="checkbox"/> Parents understand schools will not cover any costs associated with the provider's access to the student at school.	
<input type="checkbox"/> Parents give consent for the release and exchange of information between the provider and the school.	
Parent name:	
Signature:	Date:
School Acknowledgment	
Schools acknowledge that approving this Service Schedule requires the school to: <ul style="list-style-type: none"> coordinate access to the student. complete school processes and record the student's withdrawal from class. provide access to agreed school facilities and equipment; and coordinate further communication e.g., changes to the student's timetable or health and wellbeing. 	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School representative name:	
Signature:	Date:
Comment:	
Date of review:	

