

REQUEST FORM AND PARENT CONSENT FORM

Request for NDIS practitioners to visit the school or to provide NDIS funded therapy on school grounds

The Department of Education and Training (the Department), which includes all Victorian government schools, provides educational programs to Victorian government school students.

The National Disability Insurance Scheme (NDIS) is a new way of providing individualised support for eligible participants. The purpose of the NDIS is to enable NDIS participants and their families to exercise more choice and control regarding the support provided to them.

On occasion, parent(s) may ask a Victorian government school to allow an NDIS funded therapist or practitioner to visit the school for meeting or observation purposes or to provide support or therapy to their child (the student) on school grounds (Request). These Requests are made via a completed Request to provide NDIS therapy on school grounds form (the Request Form).

The Department is committed to supporting NDIS participants, and their families, to obtain optimal benefit from the opportunities offered by the NDIS. Consistent with this commitment, Victorian Government schools are encouraged to accommodate students and their parent(s) exercising choice and control in relation to NDIS supports, where practical to do so.

However, there are a number of relevant factors that must be considered when determining whether or not it is possible for the school to agree to such requests. These factors are set out in *Responding to requests for NDIS funded therapy in schools – Guidelines for Principals*.

For the principal to consider such requests, NDIS funded therapists/practitioners and parent(s) making a request for access to school premises must:

- complete the attached **Request Form**
- have the student's parent(s) sign the attached **Parent Consent Form**
- provide the completed forms, and any other relevant documents to the school at the time of making the request.

Principals will not consider any such request until the **Request Form** and **Parent Consent Form** are completed and provided to the school.

When the completed **Request Form** and **Parent Consent Form** are provided, the principal or nominated school personnel (Student Wellbeing Officer) will consider all relevant information, and endeavour to respond to the request within 10 working days.

Should you have any queries regarding the **Request Form** or **Parent Consent Form**, please contact the Principal or a member of the principal team .

TO BE COMPLETED BY NDIS FUNDED THERAPIST / PRACTITIONER

Details of therapist/practitioner making request	
Name of therapist / practitioner	
Company	
Company address	
Phone number	
Email address	
Qualifications held by therapist / practitioner	
Professional registration details of therapist	
Is the therapist an NDIS registered practitioner? (Y / N)	
Details of student	
Name of student	

Room Number / Teacher of student	
Are there particular family, social or practical circumstances that are relevant to the request?	
Details of the proposed therapy / meeting / observation	
Purpose of the proposed meeting / observation / therapy	
Proposed date / time that the meeting / observation will be provided	
Proposed location of meeting / observation / therapy (classroom / other area of school)	
Proposed aims and benefits of the meeting / observation being provided at school / in school time	
<p>Is the meeting / observation time-dependent? If so, provide details</p> <p>For example, is the therapy a medical support that must take place at certain regular intervals each day?</p>	

Attach relevant documents

Please attach proof of a satisfactory **Working with Children Check** for the therapist

Tick to confirm the relevant documents are attached

Please attach **certificates of currency** for the following insurances held by the therapist / Company / Incorporated Association:

Tick to confirm the relevant documents are attached

- public liability insurance
- professional indemnity insurance

Acknowledgment by NDIS funded therapist

I....., have received and read the NDIS Funded Therapy Policy.

I, acknowledge and agree that, if the principal approves my request to provide NDIS funded therapy on school grounds:

- I, or my company/incorporated association if I am an employee of a disability service provider, must enter into a **licensing agreement** with the School Council which sets out the terms and conditions of my use of the school premises (for therapy sessions only) and
- subject to the consent of the student's parent(s), I must sign an information-sharing agreement which requires me to share relevant information about the student with the Principal and/or nominated school personnel (for SSG's, observations and therapy sessions).

Copies of the licensing agreement and information sharing agreement are available upon request.

Signed

Print name

Date

PARENT CONSENT FOR NDIS FUNDED THERAPY AT SCHOOL

This Parent Consent Form records consent to:

- a) the NDIS funded therapist/practitioner to visit the school for meeting or observation purposes (if and when the principal agrees to the Request)
- b) the NDIS funded therapist/practitioner sharing important and relevant information about the student to the school (as set out in the Information-sharing section below)
- c) the NDIS funded therapist/practitioner providing support or therapy to the student, on school premises (if and when the principal agrees to the Request).

The Parent Consent form can be signed by any of the following people:

- a person with **parental responsibility** for “major long term issues” as defined in the *Family Law Act 1975* (Cth)
- a person authorised to make health decisions for the student under the *Children Youth and Families Act 2005* (Vic).
- an adult student
- an informal carer
- a mature minor

Sharing student information

Schools must comply with the Victorian privacy law when collecting and otherwise managing personal and health information about students and their families (**student information**). Our schools only collect and share student information as permitted by the **Schools' Privacy Policy** (see school's website).

The Department requires that NDIS funded therapists/practitioners providing support or therapy to a student at school to share important and relevant information about the student with the school. The school requires this information to optimally educate and support the student and fulfil important legal obligations.

This means that the NDIS funded therapist must provide student information to the school as follows:

- information about the student's disability and their needs - in the way/s and at the times specified by the principal; and
- student information that relates to reasonably foreseeable risk to anyone. This includes, for example, information that the student has emotional, wellbeing or self-harm issues; displays aggressive or violent behaviours; is a victim or perpetrator of bullying, assault or age-inappropriate sexualised behaviours.

The principal and other school staff will only share this information with other staff who 'need to know' to enable the school to educate or support the student or fulfil legal obligations. For more information about this see the Schools' Privacy Policy , which also describes how you may seek to access and/or correct information held by the school about the student. Alternatively, please feel free to contact our school to discuss this further.

Your consent

I confirm that I have read this Consent Form and:

- I support the Request for the NDIS funded therapist/practitioner to visit the school for observation or meeting purposes, or to provide support or therapy as described in the Request form, to my child (named below) at school.
- I understand that if the principal agrees to the Request, the NDIS funded therapist must share information about my child with the school, as described above.
- If I wish to withdraw my consent for the NDIS funded therapist to provide support or therapy to my child, I can do so by contacting the school.

TO BE COMPLETED BY PARENT(S)*

STUDENT DETAILS			
Student name:		Date of birth:	
Student's school:		Year level:	
THERAPIST / PRACTITIONER DETAILS			
Therapist / practitioner name:			
CONSENT of PARENT, GUARDIAN, CARER or MATURE MINOR*			
Name:		Signature:	
Relationship to student		Date signed:	
Phone no & email			

***Who may sign this form?**

1. Any of the following people may sign this form:
 - a. a person with **parental responsibility** for "major long term issues" as defined in the *Family Law Act 1975* (Cth)
 - b. a person authorised to make health decisions for the student under the *Children Youth and Families Act 2005* (Vic).
 - c. An adult student
2. If neither of the people describe in (1) are available, an **informal carer** may sign this form. An informal carer is a relative or other responsible adult with whom the student lives, and who has day-to-day care of the student. Informal carers should provide to the school a signed 'Informal Carer' statutory declaration. Parent(s) can contact the school for assistance in obtaining a copy of this document.
3. If a principal has determined the student is a **mature minor** for the purpose of making this specific decision, the student may sign the form. The principal makes this decision consistently with the Mature Minor policy on Schools Policy Advisory Guide (SPAG).