



# Lucas Gardens School

***Celebrating Ability Through High Expectations***

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## **Request for NDIS Service Provision during School Hours**

As per DoE guidelines, the provision of NDIS therapy services during school hours is at the discretion of the School Principal. Parents/carers must complete this form, secure the documents listed and provide them to the school in advance of any NDIS service provision commencing in the school. Prior to completing this form, please read the Lucas Gardens School – *Guideline for the Provision of Therapy Services in School* document. One form may be used for multiple service providers.

Permission is granted by the School Principal following recommendation by the Learning Support Team. The school must process all provider details before checks and verifications are conducted by The Department of Education, who reserve the right to refuse permission. These processes take time to conduct, so please provide all documents with this in mind. Lucas Gardens School values the role that parents/carers play in their child's education and know that the best outcomes are achieved when school staff and parents/carers collaborate.

Student Name..... Class Teacher.....

### **Service Provision Requested**

<b>Service Provision Requested</b>	<b>Organisation</b>	<b>Provider Name &amp; Provider Number</b>
Speech Pathology		
Occupational Therapy		
Physiotherapy		
Other (please detail)		

Therapy services can only be considered once the parent/carer provides all the following provider's documents to the school.

I have attached (please ✓)

- ☐ Working with Children Clearance Letter and contact phone number
- ☐ 100 points of original identification (one with photo ID and DOB details)
- ☐ Appendix 11 (refer to following pages)

- ☐ Certificate of Currency with public liability insurance of no less than \$20 million
- ☐ Certificate of Currency with professional Indemnity of no less than \$2 million
- ☐ Certificate of Currency with workers compensation/personal insurance
- ☐ Department of Education External Mandatory Child Protection Certificate
- ☐ First Aid Certificate (if requested by the School Principal)
- ☐ CPR Certificate (if requested by the School Principal)
- ☐ ASCIA Anaphylaxis Certificate (if requested by the School Principal)

**Expected outcome or goal of therapy service:**

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The service is an: (please ✓)

- ☐ Intervention or
- ☐ Observation

**Frequency of Service**

- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Once or twice per term

**Session Time**

- ☐ 30 minutes
- ☐ 60 minutes
- ☐ Other: .....

**Duration of Service**

- ☐ Term One
- ☐ Term Two
- ☐ Term Three
- ☐ Term Four

**Is there a clear link between the therapy service goal and the student's Personal Learning Support Plan (PLSP)? (please ✓)**

- ☐ Yes (If yes, please identify the link).....

.....

- ☐ No

**Will the therapist be available to attend a Learning Support Team Meeting?**

(please ✓ )

☐ Yes

☐ No

☐ I understand that a decision will be made regarding the provision of therapy services during school hours, after a Learning and Support Team Meeting for my child.

☐ I understand that if there is no suitable times or learning space available in my child's class the service cannot commence, rather, the request will be placed 'on hold' and reviewed at the end of the semester.

☐ I have provided all completed relevant documents outlined on page 1.

Parent/Carer Name (print)..... Date.....

Parent/Carer Signature.....

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**Office Use only - To be completed by the School Principal**

☐ All documents attached and checked

☐ 100 points of original documents sighted and copied by.....Date.....

☐ Date Probity Check Completed.....

☐ Result of Probity Check.....

☐ Clear link established between therapy service goal and PLSP.

☐ Approved

☐ Declined

☐ On Hold/Review

Principal Signature..... Date.....

Comments.....

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# Externally funded service providers delivering health, disability and wellbeing services to students

## Principal checklist

See also *External service providers delivering health, disability and wellbeing to students – Information for Principals*, and *Externally Funded Service Providers – Engagement Agreement*.

Note: all staff employed by an external service provider to deliver services to students at the school must individually meet the relevant requirements (a blanket clearance for all staff employed by a provider is not sufficient).

Separate checklists are available to assist schools to undertake provider induction, and to assist external providers where access to the school is being considered.

A copy of this checklist should be retained by the school.

### Checks/requirements to be met prior to service delivery

Provider organisation:	
1. The school has a documented request from the student's parents or carers for externally funded service delivery at the school.	<input type="checkbox"/>
2. The school has had discussions with the student's parents or carers (and the provider, if required) regarding service delivery arrangements, including times, place of delivery and frequency of service.  These discussions should also cover requirements for parents/carers to: a. provide written consent to the agreed service delivery arrangements b. provide written consent for the sharing of information related to the provider's services to the student c. notify school if they terminate the provider's services d. notify provider if student will not be at school on a day scheduled for service delivery at the school.	<input type="checkbox"/>
3. Provider staff involved in school-based delivery: a. have provided Working With Children Check (WWCC) clearance details b. have met 100 point proof of identity requirements c. are not on the department's Not to be Employed database.  Provider staff must show some photo identification with date of birth details, so that the school can check the above through Electronic Casual Pay Claims (eCPC).  Where provider staff details are not available on eCPC and it is the first school they have approached, they are to fill out <a href="#">Appendix 11</a> of the Working with Children Check Procedures and submit 100 point <a href="#">proof of identity</a> documentation. This information is to be entered into eCPC to allow for the department's Probity Unit to commence its verification process. Provider staff cannot deliver services until this verification process has been completed.	<input type="checkbox"/>

Provider organisation:	
(The principal should refer to the <a href="#">Working with Children Check Policy</a> and follow the processes as detailed in the 'Contractors section of the <a href="#">Working With Children Check Frequently Asked Questions</a> .)	
4. Provider staff have submitted evidence of having completed the department's Mandatory Child Protection Training, or a suitable alternative training program developed by the provider for its staff, within the last year (refer to Attachment A of the <a href="#">External Provider Engagement Agreement</a> for further information).	<input type="checkbox"/>
5. Provider staff have submitted evidence of relevant health care training (e.g. first aid, CPR, <a href="#">ASCIA anaphylaxis training</a> ) required for the specific circumstance or where a school determines that the provider should undertake specific health care training (refer to Attachment A of the <a href="#">External Provider Engagement Agreement</a> for further information).	<input type="checkbox"/>  <input type="checkbox"/> N/A
6. The provider has submitted evidence of currency of the following insurances: <ul style="list-style-type: none"> <li>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.</li> <li>Professional Indemnity (no less than \$2 million).</li> <li>Public Liability (no less than \$20 million).</li> </ul>	<input type="checkbox"/>
7. Any issues in relation to the use of school facilities and/or equipment, or the use of provider equipment on school premises have been raised and resolved.	<input type="checkbox"/>  <input type="checkbox"/> N/A
8. An External Provider Engagement Agreement has been signed between the school and the provider (where an existing Agreement with the provider does not exist).	<input type="checkbox"/>  <input type="checkbox"/> N/A  (existing agreement in place)
9. A separate schedule to the External Provider Engagement Agreement for each student or group of students detailing agreed service delivery arrangements is in place.	<input type="checkbox"/>



## Appendix 11 – Declaration for child related work – Specified volunteer/child related contractor



This declaration must be completed by:

### Volunteers who are

- Working as part of a formal mentoring program (whether or not a parent or close relative at the school at which they are volunteering) or
- Involved in intimate, personal care of children with a disability (whether or not a parent or close relative at the school at which they are volunteering) or
- Not a parent or close relative of a student at the school at which they are volunteering

### Contractors who are

- Ordinarily involved in direct contact with children (for e.g. Speech Pathologists, health workers, band tutors, music tutors)

Those workers **listed above** need to provide the school with this completed form, a WWCC clearance and 100 points of ID in order that they can be verified via eCPC. This documentation will be filed in secure storage at the school for 7 years post employment/engagement.

Category of worker:

<input type="checkbox"/>	Specified volunteer
<input type="checkbox"/>	Child related contractor
<input type="checkbox"/>	Duke of Edinburgh Assessor



Surname	First Name	Middle Name
Previous Names/Aliases	Date of Birth	Gender
Employee ID (if known)	Telephone	Mobile Phone
Email Address	Work Phone	
Address 1 (Number, Street Name)	Mobile	
Address 2 (Suburb/City)	State	Postcode
Suburb/City/Town of Birth	State of Birth (Australia Only)	Country of Birth
Country of Citizenship	DOB	WWCC clearance

Please provide details of the approved documents according to the 100 point proof of ID check (100 point proof of ID is not required for Duke of Edinburgh Assessors)		
<b>Document Name</b>	<b>Issuing Agency</b>	<b>Reference number</b>

I declare that:

1. I have no criminal convictions in the past ten years and am not subject to any pending court proceedings relating to a criminal matter in Australia or overseas.
2. I have no convictions that cannot become spent within the meaning of the *Criminal Records Act 1991* including but not limited to:
  - (i) convictions for which a prison sentence of more than six months has been imposed; or
  - (ii) convictions for sexual offences.
3. In making this declaration, I understand that "conviction" is defined in the *Criminal Records Act 1991* and includes a conviction, whether summary or on indictment, for an offence, and includes a finding or order that an offence has been proved, or that a person is guilty of an offence, without proceeding to a conviction.

I am aware that providing false or misleading information in this document may lead to the following:

- the department withdrawing any offer of engagement that it has made to me; or
- the department terminating my engagement, or taking disciplinary action which may include my dismissal; and
- the department considering any false or misleading information I provide, when considering any future applications by me for engagement.

Signature	Date
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## Request for Therapy Service to be conducted during School Hours

Parent/Carer gathers all provider documentation, as listed on the previous pages. The Request for Therapy Services cannot be lodged with the Principal until all documentation has been complied and attached to the form. Any missing documentation will place the Request for Therapy Service form 'on hold'

Principal receives Request for Therapy Service  
Conducted during School Hours

Learning Support Team Meeting Convened

No link between Therapy Goal and PLSP  
Goals

Parents advised that Therapy Service  
cannot be conducted during School Hours

Link between Therapy Goal and PLSP  
Goals

Therapist has completed Mandatory  
Training requirements as per Guidelines

Negotiation of Learning  
Space requirements, and  
suitable times negotiated  
with Class Teacher and  
Principal/Delegate

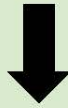
\*

Request for Therapy Services  
form approved by  
Principal/Delegate

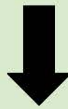
Request placed 'on hold'  
until requirements  
completed or suitable  
times can be negotiated

Review at the End of  
Semester

Parent/Carer organises an appropriate time,  
within school hours with the Therapist and  
Principal/Delegate for the Engagement  
Agreement and School Induction to be  
completed by the Parent/Carer, Therapist and  
Principal/Delegate



Engagement Agreement and School Induction  
completed



Therapy Services provided



Review at the End of  
Semester



Continue Service if  
appropriate

Jenny Zagas

PRINCIPAL

October 2017

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