



Sir Eric Woodward School

Parent/carer request for externally funded service providers delivering health, disability and wellbeing services to students

This request will only be considered if the service to be delivered at school directly supports educational participation and access to the curriculum, or is part of a student's learning program.

Student Details completed by parent/carer

Student name	
Date of birth	
Class	
Parent/carer name	
I hereby give permission for the school staff and externally funded service providers to discuss and work together at Sir Eric Woodward School (SEWS) in supporting my child's developmental and/or functional needs. I permit the sharing of information related to the provider's services to my child.	Parent/carer signature: Date : / /

External Provider Details completed by parent/carer in consultation with externally funded service provider

Externally funded service provider name	
Organisation	
Email contact	
Phone contact	
Role	<input type="checkbox"/> speech pathologist <input type="checkbox"/> physiotherapist <input type="checkbox"/> occupational therapist <input type="checkbox"/> other (please advise):
Registration details	
Manager's name	
Contact details	
Goal/s of intervention	
Time frame	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 or <input type="checkbox"/> as required



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Possible sessions	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Duration of sessions: _____ minutes	<input type="checkbox"/> between 9.30-11.00 <input type="checkbox"/> 11.30-1pm other:
Documentation required prior to commencement of services	<ul style="list-style-type: none">• Working With Children Check Number/Letter of Approval• 100 point proof of identity• evidence of public liability, personal indemnity and workers compensation (or personal injury if a sole trader) insurance• proof of completion of DoE Child Protection Awareness Training including mandatory reporter procedures http://cpat.learnbook.com.au/• proof of completion of ASCIA anaphylaxis training• proof of completion of CPR training, if using hydrotherapy pool• DoE Request Screening Check form
If approved, it is the responsibility of the parent/carer and the externally funded service provider to provide all necessary documentation to the school prior to the commencement of services.	

Please read the following statements carefully and sign if you agree:

I understand that the provision of services by an external provider on SEWS premises is at the principal's sole discretion. This decision will take into account the educational needs and priorities of the student, including access to the curriculum, the impact on the student's learning programs, SEWS's operational context and duty of care obligations towards all students and staff.

I understand that decisions for an external provider to access a student on SEWS premises, are made on a case-by-case basis. External providers do not have an automatic right of access even if the provider is already delivering a service to another student at SEWS, or the provider has been granted access to another school.

I understand that the staff at Sir Eric Woodward School maintain their duty of care responsibilities to protect children from harm and cannot delegate this responsibility to the service provider. The ability for SEWS staff to observe the service provision enables the school to meet its duty of care and child protection obligations to students.

I understand that if approved, these services will be reviewed semesterly at PLP meetings, or as required.

I understand that even after approved, SEWS may limit provider access where there are concerns about the service or SEWS's ability to provide appropriate facilities to enable the delivery of the service.

If approved, I will notify SEWS in writing if I terminate the provider's services or change providers.

This request will be submitted to the principal for consideration.

Parent/carer signature: _____ **Date:** _____

Name: _____

EXTERNAL PROVIDER MEETING MINUTES

Student		
Date		
Attendees	(teacher) (SLSO, if required)	(parent/carer) (therapist, if required)

<input checked="" type="checkbox"/>	AGENDA ITEMS	DISCUSSION	Follow Up	
<input type="checkbox"/>	External providers <ul style="list-style-type: none"> is the student identified as requiring further functional support? external providers details and contact information, if not already known to school 	<u>discussion notes</u>	<u>action required</u>	<u>by</u>
<input type="checkbox"/>	Please identify SMART goal external provider is supporting			
<input type="checkbox"/>	Service delivery arrangements: <ul style="list-style-type: none"> times place of delivery frequency of service commencement date completion date 			
<input type="checkbox"/>	Parent/carer request for externally funded service providers <ul style="list-style-type: none"> give parent / carer form to complete review statements with parent/carer prior to signing 		parent/carer to give completed form to teacher to review before submitting to principal or delegate. parent/carer to sign off on all statements, if agreed.	

teacher to **attach External Provider Meeting Minutes** to SEWS Parent/carer request for externally funded service providers delivering health, disability and wellbeing service to students document prior to submitting to principal



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If further discussion/notes required		
<u>discussion notes</u>	<u>action required</u>	<u>by</u>

Request for externally funded service providers delivering health, disability and wellbeing services to students

to be completed by Principal or delegate	
Principal	JoAnne Gardiner
Email	jo-anne.gardiner@det.nsw.edu.au
Student	
Class	
Teacher	
Email	
Request attached	<input type="checkbox"/> yes <input type="checkbox"/> no
Possible sessions	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Duration of sessions: _____ minutes	<input type="checkbox"/> between 9.30-11.00 <input type="checkbox"/> 11.30-1pm <input type="checkbox"/> other:
Request has been: <input type="checkbox"/> approved <input type="checkbox"/> declined <input type="checkbox"/> referred to Learning & Support Team if declined please give reason:	Signature: Date : / /
action required by principal/delegate – see office for completing all externally funded service provider documentation	
<input type="checkbox"/> proof of completion of DoE Child Protection Awareness Training including mandatory reporter procedures	Sighted by (initials): <input type="checkbox"/> copy on file
<input type="checkbox"/> proof of completion of ASCIA anaphylaxis training	Sighted by (initials): <input type="checkbox"/> copy on file
<input type="checkbox"/> proof of completion of CPR training, if in pool	

<input type="checkbox"/>	Working with Children Check clearance number:	Sighted by (initials): <input type="checkbox"/> copy on file
<input type="checkbox"/>	evidence of public liability, personal indemnity and workers compensation (or personal injury if a sole trader) insurance.	Sighted by (initials): <input type="checkbox"/> copies of insurance certificates
<input type="checkbox"/>	checked external provider staff details are on eCPC where external provider staff details are not available on eCPC and it is the first school they have approached, they are to fill out Appendix 11 of the Working with Children Check Procedures and submit 100 point proof of identity 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"/>	checked external provider staff are not on the department's Not to be Employed database	
School Induction		
<input type="checkbox"/>	Induction completed by (name) :	Date induction completed : / /
<input type="checkbox"/>	A general induction of the school site, including: <ul style="list-style-type: none"> • local school induction pamphlet provided (located near sign in books) • sign in/sign out visitor procedures including carry of identification (badge worn at all times) • staffroom WHS board shown advising of: evacuation procedures (evacuation, lockdown, lockout) and reporting hazards in the workplace procedures and how to report injuries to self & injuries of students to supervising teacher • Manual Handling and Hydrotherapy Pool policy and risk assessments • Learning & Support Team Guidelines, school facilities – toilets, staffroom and site specific safety requirements such as first aid • introduction to office staff and school staff with whom the external provider will be working 	
<input type="checkbox"/>	Confirmation that provider staff are aware of the department's Code of Conduct and Controversial Issues in Schools Policy and Guidelines	
<input type="checkbox"/>	Child protection and mandatory reporting procedures within the school	
<input type="checkbox"/>	Supervision arrangements	
<input type="checkbox"/>	Privacy requirements	
<input type="checkbox"/>	Managing disputes and complaints	

<input type="checkbox"/>	Records management requirements
<input type="checkbox"/>	Completed induction checklist <input type="checkbox"/> copy on file Induction completed (sign): _____
External Provider Engagement Agreement & Service Schedules	
<input type="checkbox"/>	External Provider Engagement Agreement <input type="checkbox"/> copy on file
<input type="checkbox"/>	Service Schedule - a separate schedule to the External Provider Engagement Agreement for each student or group of students exists detailing agreed service delivery arrangements are in place <input type="checkbox"/> copy on file
this request to be retained by the principal	
Date commenced: / /	Date ended: / / <input type="checkbox"/> filed in the external providers folder in SEWS office