



# THERAPIST REQUEST FORM

## Request 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 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 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 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.



**TO BE COMPLETED BY NDIS FUNDED THERAPIST**

# THERAPIST REQUEST FORM

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



# THERAPIST REQUEST FORM

Year level / Teacher of student	
Are there particular family, social or practical circumstances that are relevant to the request?	
<b>Details of the proposed therapy</b>	
Purpose of the proposed therapy	
Proposed date / time that therapy will be provided	
Will the student be withdrawn from class time for the therapy to be provided?  If so, what classes will the student miss?	
Proposed duration and frequency of therapy	



# THERAPIST REQUEST FORM

(e.g. one hour, weekly / daily / monthly)	
Proposed location of therapy (classroom / other area of school)	
Proposed aims and benefits of the therapy being provided at school / in school time	
Is the therapy time-dependent? If so, provide details  For example, is the therapy a medical support that must take place at certain regular intervals each day?	
<b>Attach relevant documents</b>	
<b><u>Preferred Option</u></b> Please provide evidence that you are registered on the schools contractor management system SAMS 4 Schools	Tick to confirm the relevant documents are attached <input type="checkbox"/>
OR Please attach proof of a satisfactory <b>Working with Children Check</b> for the therapist	Tick to confirm the relevant documents are attached <input type="checkbox"/>
AND	Tick to confirm the relevant documents are attached <input type="checkbox"/>



# THERAPIST REQUEST FORM

<p>Please attach <b>certificates of currency</b> for the following insurances held by the therapist / Company / Incorporated Association:</p> <ul style="list-style-type: none"><li>• public liability insurance</li><li>• professional indemnity insurance</li></ul>	
<b>Acknowledgment by NDIS funded therapist</b>	
<p>I ....., acknowledge and agree that, if the principal approves my request to provide NDIS funded therapy on school grounds:</p> <ul style="list-style-type: none"><li>• I, or my company/incorporated association if I am an employee of a disability service provider, must enter into a <b>licensing agreement</b> with the School Council which sets out the terms and conditions of my use of the school premises; and</li><li>• 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.</li></ul> <p>Copies of the licensing agreement and information sharing agreement are available upon request.</p>	<p>Signed .....</p> <p>Print name .....</p> <p>Date .....</p>