Therapy Provider Information

Dear Families,

At EGESC, we are committed to working closely with allied health providers to support the best outcomes for our students.

To help us manage therapy services safely and effectively, please note the following requirements before therapy sessions can begin onsite.

Therapy Provider Documentation

The required therapy provider forms must be completed before therapy sessions can begin at EGESC.

Families are asked to complete the ***Guardian*** section of the form and then forward it to the therapy provider to complete the ***Provider*** section.

Therapy providers must also provide evidence of the following:

- Working with Children Check
- Either a Nationally Coordinated Criminal History Check through the Department of Education or an NDIS Worker Screening Clearance
- Public liability insurance

Therapy Sessions

Therapy bookings can be made by contacting the front office by phone or email.

Please note that no onsite therapy sessions will take place during the first three weeks of the school year. This time allows families, providers and classroom teachers to communicate and arrange suitable session times.

To support a smooth process, please return the completed forms and required documentation to the front office or email them to EasternGoldfields.ESC@education.wa.edu.au.

Kind regards,

Mary-Ellen Pilason

Principal

Guardian to complete	
Student details	
Name:	
Parent/carer details	
Name:	
Email address:	**Contact number**:
Service provider organisation details	
Organisation:	
Contact name:	
Email address:	**Contact number**:
What is the frequency of service? ☐ Weekly ☐ Fortnighlty ☐ Monthly	**How long is the session time?** ☐ 30 Minutes ☐ 45 Minutes ☐ 60 Minutes
Parent acknowledgment	
Parent understands that principals may reconsider access for a provider at any time. ☐ Parent understands additional information about the decision-making process is available on the Department of Education's public website. ☐ Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session. ☐ Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child. ☐ Parent understands the school will not cover any costs associated with the provider's access to the student at school. ☐ Parent gives consent for the release and exchange of information between the provider and the school.	
Signature:	**Date:**

Provider to complete	
Information about the support you (the provider) intend to provide	
What is the type of support you are seeking to provide?	
How does the support link to the student's documented education plan or goals?	
Is a copy of the student's service plan or therapy plan attached? Please select one: ☐ Yes ☐ No	
How long will the support need to be in place for? (e.g., Term 1 - 4).	
Provider staff details (please list all staff who will be engaged in service delivery)	
Name:	**Role**:
Email address:	**Contact number**:
Photocopies attached: ☐ Working with Children (WWC) Check *Additionally, either a NCCHC **or** NDIS Worker Screening Clearance is required.* ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance **Public liability insurance**: ☐ Yes **Provided**: ☐ Yes Note: The school is obligated to ensure that any allied health/NDIS provider complies with the insurance requirements for external third parties accessing school sites during school hours has public liability insurance covering the legal liability of the third party, its employees and agents in connection with the purpose of the school visit, must be for an amount of not less than $20,000,000 for any one occurrence and unlimited in the aggregate	
List any professional registrations (if relevant):	
☐ Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. ☐ Provider must understand and comply with Department of Education policies and school procedures. ☐ Provider will notify the parent and school in writing should the details provided in the service schedule change. ☐ Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI). ☐ Provider will provide a written handover at the end of the agreement period that includes: • any ongoing risks for the student • recommendations for any further support for the student, their family or the school community • any further action to be taken by the agency.	
Signature:	**Date:**

School to complete
Agreed school facilities/equipment to be used during school-based service delivery
The school has a room dedicated for therapists to use when delivering services. The use if this room is allocated when therapist book this space with Jess Thompson, the School Officer.
Support school staff may provide during school-based service delivery (only if required)
n/a
Agreed provider equipment to be used during school-based service delivery (only if required)
n/a
Supervision arrangements (only if required)
Student will be escorted by staff member to therapy room.
Sharing of information
Therapist will be invited to attend IEP meetings twice a year. Any relevant information about the student should be corresponded directly with the classroom teacher via email or a pre-arranged meeting if necessary. All immediate urgent communication should be directed to the deputy principal.
School acknowledgment
School acknowledges that approving this service schedule requires the school to: • coordinate access to the student. • complete school processes and record the student's withdrawal from class. • provide access to agreed school facilities and equipment. coordinate further communication, e.g., changes to the student's timetable or health and wellbeing.
Approved: ☐ Yes ☐ No
School representative name: Jessica Thompson
Signature: | **Date**:
Comment: