



Parent/Carer Request for External Provider

Dear Principal,

I _____ request that you consider approving the nominated External Service Provider below to work with my child _____ of class _____ during school hours at Lawrence Hargrave School. I have considered the information in the guide 'Organising for your child to get NDIS-funded support at school' when making this request.

Service Provided (please tick):

☐ Speech Therapy ☐ Occupational Therapy ☐ Behaviour Specialist ☐ Physiotherapy
☐ Other (please specify): _____

External Provider Organisation: _____

External Provider Key Worker Name: _____

I _____ Parent/Carer acknowledge, understand and confirm that:

- The school seeks consent to share information about your child with the contractor and require this permission to enable the services to be provided in the school.
- I respect the Principal's decision if the NDIS supports are unable to be delivered at school, during school time.
- If I wish to withdraw my consent for the NDIS provider to provide support to my child or change providers, I can do so by contacting the school.
- I consent for the school to collect and share information from the contractor which can include personal and health details about my child, such as the nature and implications of their medical condition(s).
- understand the School Principal may discuss this information with relevant Department staff to ensure appropriate care for my child.
- The school will manage and store this information in line with the Department's guidelines and legal obligations for information handling.
- I understand that it is my responsibility to notify the provider if my child will be absent from school or participating in a school activity on a day they are scheduled to receive support

Parent/Carer Signature: _____ Date: _____

Principal Comment: Accepted / Declined

Principal/Delegate Signature: _____ Date: _____