



## 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 Londonderry Public 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 understand that this request does not guarantee that the service provider will automatically be approved.
- I respect the principal's decision if the NDIS supports are unable to be delivered at school, during school time.
- I understand certain documents, including a Working with Children Check, insurances, a completed and signed External Provider Engagement Agreement must be provided to the school by my child's provider along with a site induction prior to NDIS supports are delivered at school.
- I understand that the school will not check a provider's skills or training.
- 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).
- I understand that the purpose of sharing this information is to assist the School in arranging and providing appropriate support for my child during school hours and school related activities.
- I understand the school principal may discuss this information with relevant Department staff to ensure appropriate care for my child.
- The school will not share this information with any third parties except as required by law or in accordance with legal obligations.
- As a parent/carers I can request access to the information provided by the Contractor through the School.
- 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

Approved / Declined

Principal Signature

Date