NORTHMEAD
CREATIVE & PERFORMING
ARTS HIGH SCHOOL

Imagine Endeavour Achieve

NORTHMEAD CREATIVE AND PERFORMING ARTS HIGH SCHOOL
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 Northmead CAPA High School. I have considered the information in the guide https://education.nsw.gov.au/content/dam/main-education/teaching-and-learning/disability-learning-and-support/ndis/external-providers/Parent_and_carer_fact_sheet_-_Accessible.pdf

Service provided (please tick)

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

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 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/carer I can request access to the information provided by the Contractor through the School.
- The school with 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: _____ Approval Accepted / Declined

NORTHMEAD CREATIVE AND PERFORMING ARTS HIGH SCHOOL
Artificial Intelligence (AI) Policy

Principal Signature: _____ Date: _____