



TUGGERAH PUBLIC SCHOOL

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 Principal: Sharlene Percival

PARENT / CARER REQUEST FOR EXTERNALLY FUNDED SERVICE PROVIDERS

Student Name	
Date of Birth	
Class	
Parent / Carer Name	
I hereby give permission for the school staff and therapist to share information to work together in supporting my child's development and / or functional needs. I understand the process and that this request will be reviewed by the school as required.	Parent / Carer signature: Date:
Organisation	
Therapist Name	
Email contact	
Phone Contact	
Role	
Goals of intervention/s	
Timeframe	☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4
Possible Sessions Please mark all available so that we can coordinate with the class timetable and consider mutually convenient sessions	☐ Observation only (one off) ☐ Checklist only ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ 10-11am ☐ 11:30-1:00 ☐ 1:50-2:50
Facilities / equipment required to be supplied by the school	
Documentation attached or emailed to the school	☐ All information provided as per 'checklist for providers engaged by parents/carers'
It is the responsibility of the parent / carer and therapist to complete and provide all necessary documentation to the school before consideration of this request.	

I acknowledge and understand that:

- a) The School may collect information from the Contractor;
- b) The School may also share information with the Contractor;
- c) This information (a and b) may include personal and health details about my child, such as the nature and implications of their medical condition;
- d) 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;
- e) The School Principal may discuss this information with relevant Department staff to ensure appropriate care for my child;
- f) The School will not share this information with any third parties except as required by law or in accordance with legal obligations;
- g) As a parent/carer, I can request access to the information provided by the Contractor through the School;
- h) The School will manage and store this information in line with the Department's guidelines and legal obligations for information handling.

Student's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____