

REQUEST FOR THERAPY SERVICE PROVISION AT KURRAMBEE SCHOOL

Provider Details

Position Details:	
Name:	
Position:	
Organisation:	
Organisation Address:	
Email Address:	
Phone Contacts:	(w) (m)
Insurance Policies:	<input type="checkbox"/> Workers Compensation Insurance or personal injury insurances (soletraders) <input type="checkbox"/> Professional indemnity insurance for not less than \$2 million <input type="checkbox"/> Public liability insurance for not less than \$20 million
WWCC: (attached)	
Date of birth: (so WWCC can be confirmed online)	
Child Protection Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Certificate attached https://mypl.education.nsw.gov.au/auth/login
Local Induction Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No – please see office staff on arrival
Consent to Exchange Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Training if required for the targeted student	<div> <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Certificate Attached </div> <div> <input type="checkbox"/> CPR <input type="checkbox"/> Certificate Attached </div> <div> <input type="checkbox"/> Other: <input type="checkbox"/> Certificate Attached </div>

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Service Details

Student Name		Class Teacher	
Service Provision Requested:			
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physio Therapy	
<input type="checkbox"/> Hydro Therapy	<input type="checkbox"/> Other:		
Expected outcome or goal of therapy service			
Will there be a clear link between the therapy service goal and a PLP goal?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Frequency of Service	Session Length	Duration of Service	
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term One	
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Term Two	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	<input type="checkbox"/> Term Three	
<input type="checkbox"/> Once or twice per term		<input type="checkbox"/> Term Four	
Preferred Day of the week: Please list 3:	Preferred Time of Day: Please list 3 options during our class sessions		
	Session 1: 9:00-11.00		
	Session 2: 12.00-1.45		
	Session 3: 2.15-3.00		
<input type="checkbox"/> I understand that a decision will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the class teacher and the student's parents or carers.			
To be completed by Kurrambee School			
NTBE Check <small>(school use only - ECPC)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Print out attached		
Status of Service Provision Request			
<input type="checkbox"/> Approved		<input type="checkbox"/> Declined	
Time and Date of first session			