EXTERNAL SERVICE PROVIDER PARENT REQUEST FORM

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours.

Notes:

- This form relates to external service providers only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school sites.
  - Parents MUST complete a separate form for each provider that is being requested to have access on our site.

Your school will consider your request in line with the:

- duty of care to staff and students
- student's educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources.

Any additional information requested by the school is your responsibility to make sure this information is provided.

Student details		
Given names	**Surname**	**Date of birth**

Parent / Carer details		
Name	**Email address**	**Contact number**
Name (if applicable)	**Email address**	**Contact number**

Information about the support to be provided
What is the type of support to be provided?
How often will the support be provided? **Include the preferred days of the week and time of day.** ***For example every Friday 11am to 12pm*** **or every** ***fortnight beginning week 2 term 2 2026 Mondays at 10:00.***
How long will the support be in place for? ***For example*** *from 1 February 2023 to 6 December 2023.*

Why does the support need to be provided at school, during school hours?	
Organisation:	
Location address:	**ABN:**
Contact name:	
Email address:	**Contact number:**
Insurance provider:	**Expiry date:**
Public liability amount:	**Professional indemnity amount:**
Is a copy of insurance cover provided? **Please select one:** ☐ **Yes** ☐ **No**	**Is the provider registered with the NDIS?** Please select one: ☐ Yes ☐ No

Provider details	
Provider name	**Is the provider registered with the NDIS?** Select one: ☐ Yes ☐ No ☐ Unsure
Provide any other information or documents about the support **This may include reports or information from the provider with details of the support to be provided and facilities required.** *Please list attached doscuments*	
Name of Service Provider:	**Role:**
Email address:	**Contact number:**
Photocopies attached: ☐ **Working with Children Check** ☐ **National Police Clearance (Education)** ☐ **NDIS Worker Screening Clearance**	**List any professional registrations:**

Parent signature	**Date**

School to complete (for office use only)			
Date request received		**Date request acknowledged**	
Consultation date of ESP Committee		**Request approved**	☐ Yes ☐ No
Date parent advised of outcome		**Approving staff member**	Principal
			LSC
Notes			