

# 2025 Service schedule

## Parent initiated service provider for students with disability

Note: This schedule 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.

School details	
<b>School name (please circle):</b> Endeavour PS / Endeavour ESC	
<b>Location address :</b> 38 Endeavour Drive Port Kennedy WA 6172	<b>Contact number:</b> 9591 6100
Email: endeavour.schools.therapy@education.wa.edu.au	
Student details	
<b>Name:</b>	
Parent/carer details	
<b>Name:</b>	
<b>Email address:</b>	<b>Contact number:</b>
Service provider organisation details	
<b>Organisation:</b>	
<b>Location address:</b>	<b>ABN:</b>
<b>Contact name:</b>	
<b>Email address:</b>	<b>Contact number:</b>
<b>Insurance provider:</b>	<b>Expiry date:</b>
<b>Public liability insurance:</b> <input type="checkbox"/> Yes <b>Amount:</b> Note: The school is obligated to ensure that any allied health/NDIS provider complies with the insurance requirements for external third parties accessing school sites during school hours has public liability insurance covering the legal liability of the third party, its employees and agents in connection with the purpose of the school visit, must be for an amount of not less than \$20,000,000 for any one occurrence and unlimited in the aggregate.	
<b>Is a copy of the provider's public liability insurance cover provided?</b>  Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the provider registered with the NDIS?</b>  Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Provider to complete</b>	
<b>Information about the support you (the provider) intend to provide</b>	
What is the type of support you are seeking to provide?	
How does the support link to the student's documented education plan or goals?	
Is a copy of the student's service plan or therapy plan attached? Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the frequency of service?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<b>How long is the session time?</b> <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes <input type="checkbox"/> Other: _____
How long will the support need to be in place for? (e.g., from 12 February 2024 to 12 December 2024).	
<b>Provider staff details (please list all staff who will be engaged in service delivery)</b>	
<b>Name:</b>	<b>Role:</b>
<b>Email address:</b>	<b>Contact number:</b>
<b>Photocopies attached:</b> <input type="checkbox"/> Working with Children (WWC) Check <input type="checkbox"/> Nationally Coordinated Criminal History Check (NCCHC) – Department of Education <b>or</b> <input type="checkbox"/> NDIS Worker Screening Clearance  Note: A WWC Check is required. In addition, either a NCCHC <b>or</b> NDIS Worker Screening Clearance is required.	
<b>List any professional registrations (if relevant):</b>	
<b>Name:</b>	<b>Role:</b>
<b>Email address:</b>	<b>Contact number:</b>
<b>Photocopies attached:</b> <input type="checkbox"/> Working with Children (WWC) Check <input type="checkbox"/> Nationally Coordinated Criminal History Check (NCCHC) – Department of Education <b>or</b> <input type="checkbox"/> NDIS Worker Screening Clearance  Note: A WWC Check is required. In addition, either a NCCHC <b>or</b> NDIS Worker Screening Clearance is required.	
<b>List any professional registrations (if relevant):</b>	

<b>School to complete</b>
<b>Support school staff may provide during school-based service delivery</b>
Some students may be escorted by a member of staff if transition is difficult.
<b>Agreed school facilities/equipment to be used during school-based service delivery</b>
Therapists will provide therapy in classrooms, wet areas, outdoor tables or other spaces as dictated by the classroom teacher.
<b>Agreed provider equipment to be used during school-based service delivery</b>
Therapists are required to bring and utilise their own equipment <b>AT ALL TIMES</b> . Any therapy sessions using the school outdoor equipment will be done so at the therapist's discretion utilising appropriate school safety and duty of care procedures. Any faults or safety issues are to be reported to school office staff at the earliest possible time.
<b>Supervision arrangements (only if required)</b>
Therapists hold duty of care for students they are working with. General duty of care for students on site is provided by school staff. There is an expectation for therapists working at Endeavour Schools that they will report any student issues to school staff at the earliest possible time.
<b>Sharing of information</b>
Parents are the owners of the information from both school and therapists and will be provided access and information to the appropriate people involved in each student's therapy service.
<b>Student specific information</b>
Under <b>NO</b> circumstances are students to be left unattended <b>AT ANY TIME</b> . Under <b>NO</b> circumstances are students allowed to be dismissed without school staff collecting the student (if previously arranged). No student is allowed to go to the toilet unsupervised <b>AT ANY TIME</b> . In the event of an Emergency – follow the explicit directions of the school staff member.

### Provider acknowledgment

- Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.**
- Provider must understand and comply with Department of Education policies and school procedures.
- Provider will notify the parent and school in writing should the details provided in the service schedule change.
- Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI).
- Provider will provide a written handover at the end of the agreement period that includes:
  - any ongoing risks for the student
  - recommendations for any further support for the student, their family or the school community
  - any further action to be taken by the agency.

**Provider representative name:**

**Signature:**

**Date:**

### Parent acknowledgment

- Parent understands that principals may reconsider access for a provider at any time.
- Parent understands additional information about the decision making process is available on the Department of Education's public website.
- Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session.
- Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.
- Parent understands the school will not cover any costs associated with the provider's access to the student at school.
- Parent gives consent for the release and exchange of information between the provider and the school.

**Parent name:**

**Signature:**

**Date:**

### School acknowledgment

School acknowledges that approving this service schedule requires the school to:

- coordinate access to the student
- complete school processes and record the student's withdrawal from class
- provide access to agreed school facilities and equipment
- coordinate further communication, e.g., changes to the student's timetable or health and wellbeing.

**Approved:**  Yes  No

**School representative name:**

**Signature:**

**Date:**

**Comment:**