Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

Shaping the future

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	
School name:	
Location address (not mailing):	**Contact number:**
Student details	
Name:	
Parent/carer details	
Name:	
Email address:	**Contact number:**
Service provider organisation details	
Organisation:	
Location address:	**ABN:**
Contact name:	
Email address:	**Contact number:**
Insurance provider:	**Expiry date:**
Public liability insurance: ☐ Yes **Amount:** 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.	

Is a copy of the provider's public liability insurance cover provided? Please select one: ☐ Yes ☐ No	**Is the provider registered with the NDIS?** Please select one: ☐ Yes ☐ No

Provider to complete	
Information about the support you (the provider) intend to provide	
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: ☐ Yes ☐ No	
What is the frequency of service? ☐ Weekly ☐ Fortnighlty ☐ Monthly ☐ Other: _____	**How long is the session time?** ☐ 30 Minutes ☐ 45 Minutes ☐ 60 Minutes ☐ Other: _____
How long will the support need to be in place for? (e.g. from 12 February 2024 to 12 December 2024).	
Provider staff details (please list all staff who will be engaged in service delivery)	
Name:	**Role:**
Email address:	**Contact number:**
Photocopies attached: ☐ Working with Children (WWC) Check ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance Note: A WWC Check is required. In addition, either a NCCHC **or** NDIS Worker Screening Clearance is required.	
List any professional registrations (if relevant):	
Name:	**Role:**
Email address:	**Contact number:**
Photocopies attached: ☐ Working with Children (WWC) Check ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance	

Note: A WWC Check is required. In addition, either a NCCHC **or** NDIS Worker Screening Clearance is required.
List any professional registrations (if relevant):

School to complete

Support school staff may provide during school-based service delivery

Confirm the specific roles of staff in the school who may be involved with the student and assist the service delivery, for example a school nurse, school psychologist, education assistant.

Agreed school facilities/equipment to be used during school-based service delivery

Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered in class or outside the classroom.

Agreed provider equipment to be used during school-based service delivery

Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.

Supervision arrangements (only if required)

Details of school arrangements for any supervision required during the course of service delivery. E.g. another staff member may be required in the room to support the student to engage.

Sharing of information

Details of how and when the provider will share relevant confidential information.

Student specific information

List any relevant considerations, e.g. any health conditions which may lead to an emergency response, religious or cultural considerations, etc.

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:	