**Parent NDIS Access Request form**

For - NDIS provider access to Queensland State schools.

**Privacy statement**

*The information provided on this form is being collected to help the school consider your request for an NDIS provider to be permitted to deliver NDIS supports to your child at school, during school hours. The information will be stored on the department’s database in line with the* [*Information Privacy Act 2009 (Qld)*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) *and may be available for other schools to view. Further information about privacy matters relevant to this request is contained in the* [*NDIS provider access to Queensland state schools: Factsheet for parents*](http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/NDIS-provider-access-to-state-schools/Parent-fact-sheet.pdf)*.*

***Important information about the request*:**

Please consider information provided in the factsheet when filling in this form.

Class observations of student **will NOT** be accepted due to privacy concerns.

Additional information relating to this request may be required from parents or the NDIS provider and it will be the responsibility of parents to ensure that such information is provided.

Consideration of this request will be at the discretion of the school and no assurance can be given that the request will be approved. Where the request is approved, access to the school by the NDIS provider will be subject to the parents and the NDIS provider first signing an Access agreement.

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| **Child details** | | | | |
| Surname: | Given names: | | Date of birth: | |
| Current address: | | | | |
| Name of school: | | Class or year level: | | |
| **Parent details** | | | | |
| Name: | Email address: | Contact number: | | |
| Name: (only if applicable) | Email address: | Contact number: | | |
| **NDIS support details (information about the support you are asking to be provided at school during school hours) Note: Please complete another form if request includes more than one provider or different type of support.** | | | | |
| Details of the type of support to be provided (what type of support will be provided) | | | | |
| **Session Details:**   |  |  |  |  | | --- | --- | --- | --- | | Start Day and Date: |  | End Date: |  | | Session Start Time: |  | Session End Time: |  | | Please note: Lunch times – 11:00am to 11:40am; 1:15pm to 1:55pm | | | | | Weekly/Fortnightly |  | Number of Sessions |  | | | | | |
| Please outline why the NDIS support needs to be provided at school, during school time. | | | | |
| **NDIS support provider details** | | | | |
| Name of the NDIS provider | Is the NDIS provider registered with the NDIS  Please circle one:  Yes  No | | | |
| Names of NDIS provider staff who will be providing the support at school during school time? | | | | |
| 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) | | | | |
| **Parent signature** | | | | **Date:** |
| **Parent signature (if applicable)** | | | | **Date:** |

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| Consent – Information exchange with external support personnel / NDIS agencies | | | | | |
| I consent to the School requesting information from and sharing information with the following specialist personnel or NDIS agencies outside the school that are listed on the student’s NDIS Participant Plan.  This information may include previous and current support provided to the student. | | | | | |
| Agency/Professional | | Contact person | | Contact details | |
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| **Parent signature** | **Date:** |
| **Parent signature (if applicable)** | **Date:** |

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| **School to complete (For Office purposes only)** | | | |
| Date request received |  | Name of the school staff who sent the acknowledgement |  |
| Acknowledgement sent (date) |  |  |
| Parent contacted (if applicable) Date contacted:  Name of the school staff who made the contact:  Meeting or telephone conversation details: | | | |
| Request recorded on the system (date) |  | | Any other notes: |
| Parent advised about the outcome (date) |  | |
| Signature of staff Uploading the documentation to OneSchool |  | |