**REQUEST TO PROVIDE National Disability Insurance Scheme SERVICEs IN Northern Territory GOVERNMENT SCHOOLS**

Prior to completing this form, it is recommended that you read:

* *Fact Sheet: How to Request NDIS Services in NT Government Schools*
* *Fact Sheet for Families*
* *Fact Sheet for NDIS Providers*
* *Frequently Asked Question*s*.*

**PART A: FAMILY REQUEST to school principal**

*To be completed by a parent, guardian or carer*

I ……………………………………………………………………………………………………………………….................

[parent/carer/guardian]

request the National Disability Insurance Scheme funded services to be provided

to…………………………………………………………………………………….…………………………………………….

[insert student’s name]

at ………………………………………………………………………………………………………………………………….

[insert school name]

during school hours.

**PART B: FAMILY CONSENT TO ENGAGE NDIS PROVIDER**

*To be completed by a parent, guardian or carer*.

If my request is approved, I give my consent for ……………………………………………………………………………….

[insert NDIS provider’s name]

to provide …………………………………………………………….………………………………………………………

[insert type of services, e.g. occupational therapy]

for …………………………………………………………………………………….……………………………..................

[insert student’s name]

in an area nominated by the school during school hours in accordance with the school’s duty of care and the student’s individual learning plan.

I consent / do not consent for the provider to share the NDIS plan for the student with the school.

…………………………………………… ………………………………………

Signature Date

**PART c: SERVICE PROVISION DETAILS**

*To be completed by the NDIS provider in consultation with the family.*

|  |  |
| --- | --- |
| Student: |  |
| School: |  |
| Classes/teachers likely to be involved: |  |
| **NDIS provider details and requirements:**  The provider is an NDIS registered provider.  A copy of the provider’s NDIA Certificate of Registration letter is attached (see attached example). | * Yes * Yes |
| A copy of the provider’s current Ochre Card is attached. | * Yes |
| The provider is aware of its mandatory reporting responsibilities | * Yes |
| The provider can demonstrate how the proposed service will support the student’s education goals.  How will this service support the student’s participation at school? | * Yes |
| How will this service support the student’s access to curriculum? |  |
| How will this service support the student’s educational individual learning plan? |  |
| The provider commits to attend relevant meetings with the school to discuss and review the student’s education goals. | * Yes |
| The provider commits to completing the relevant school induction process before the commencement of service. | * Yes |
| The provider and family commit to an NDIS Service in School Agreement being in place before the commencement of service. | * Yes |
| The provider commits to sharing information such as its school visit summary reports for the purposes of monitoring and reviewing the service. | * Yes |
| Services that may be undertaken in schools include the following:   * observe a student in the classroom or in the school environment * attend planning for a student’s individual learning plan * attend meetings to monitor and tailor the support provided to a student * provide training/professional learning on school grounds * provide support with the management of equipment, for example, standing frames or communication devices. | |
| Service requested: | Goal of service: |
|  |  |
| Frequency of service: | Other comments |
|  |  |

# Declaration

* I understand there is no obligation for the principal/school to approve the services and that each decision is made on a case by case basis which considers the needs of a whole school environment.
* I understand a decision will be made regarding the provision of services on school premises, during school hours, after all appropriate processes and documentation have been considered.

# SIGNATURES

Signed by parent, guardian or carer

…………………………………………………………………………………………… Date: …………………………………

Signed by NDIS provider (person who will be entering the school to provide service)

…………………………………………………………………………………………… Date: …………………………………

# CONTACT DETAILS

| Parent, guardian or carer contact details | |
| --- | --- |
| Name: |  |
| Telephone: | B/H: A/H:  Mobile: |
| Email: |  |
| Postal address: |  |
| NDIS registered provider contact details | |
| Name: |  |
| Telephone: | B/H: A/H:  Mobile: |
| Email: |  |
| Postal address: |  |

# IMPORTANT INFORMATION

This request form must be completed in full and signed by the family and the NDIS provider.

The request must be submitted to the school with all relevant documentation and attachments.

# School use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Received complete and all required documentation   \_\_\_\_\_\_\_\_\_\_\_\_  Date | * Approved | * Declined | * On hold   Reason: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**fuRther information**

|  |  |
| --- | --- |
| **Student Wellbeing and Inclusion**  Department of Education  e: [sesupport.det@ntgov.au](mailto:sesupport.det@ntgov.au) | **NDIS** **National Contact Centre**  t: 1800 800 110  w: <https://www.ndis.gov.au>  e: [engagement.nt@ndis.gov.au](mailto:engagement.nt@ndis.gov.au) |

# National Disability Insurance Agency PROVIDER CERTIFICATE OF REGISTRATION letter EXAMPLE

