

PARENTS AND CARERS CONSENT FOR NDIS FUNDED THERAPY AT SCHOOL

This Parents and Carers Consent Form records consent to:

- a) the NDIS funded therapist or privately funded therapist sharing important and relevant information about the student with the school (as set out in the Information- sharing section below)
- b) the NDIS funded therapist or privately funded therapist providing support or therapy to the student, on school premises (if and when the principal agrees to the request).

Sharing student information

Schools must comply with the Victorian privacy law when collecting and otherwise managing personal and health information about students and their families (**student information**). Our school only collects and shares student information as permitted by the **Schools' Privacy Policy**, which is available at: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

The department requires that NDIS funded therapists providing support or therapy to a student at school share important and relevant information about the student with the school. The school requires this information to optimally educate and support the student and fulfil important legal obligations.

This means that the NDIS funded therapist must provide student information to the school as follows:

- information about the student's disability and their needs - in the way/s and at the times specified by the principal
- student information that relates to reasonably foreseeable risk to anyone. This includes, for example, information that the student has emotional, wellbeing or self-harm issues; displays aggressive or violent behaviours; is a victim or perpetrator of bullying, assault or age-inappropriate sexualised behaviours.

The principal will only share this information with other staff who 'need to know' to enable the school to educate or support the student or fulfil legal obligations. For more information, see the [Schools' Privacy Policy](#), which also describes how you may seek to access and/or correct information held by the school about the student. Alternatively, please feel free to contact our school to discuss this further.

Your consent

I confirm that I have read this Consent Form and:

- I support the request for the NDIS funded therapist or privately funded therapist to provide support or therapy as described in the Request Form, to my child (named below) at school.
- I understand that if the principal agrees to the request, the NDIS funded therapist or privately funded therapist must share information about my child with the school, as described above.
- If I wish to withdraw my consent for the NDIS funded therapist or privately funded therapist to provide support or therapy to my child, I can do so by contacting the school.

TO BE COMPLETED BY PARENT OR CARER

Student Details			
Student name		Date of birth	
Student's school		Year level	
Classroom Teacher's name			
Therapist Details			
Therapist name			
Purpose of proposed therapy			
Proposed day & time that therapy will be provided <small>(provide multiple options)</small>			
Proposed duration and frequency of therapy <small>(e.g. one hour, weekly/daily/fortnightly/monthly)</small>			
Proposed location of therapy <small>(e.g. classroom/other area of school/virtually)</small>			
Proposed aims and benefits of the therapy being provided at school / in school time			
Is the therapy time-dependent? If so, provide details. <small>(e.g. Is the therapy a medical support that must take place at certain regular intervals each day?)</small>			
Has your child previously engaged with this therapy at school or outside of school <small>(e.g. Indicate month/year of commencement and location of therapy previously undertaken)</small>			

Consent of parent, carer, guardian or mature minor*		
Name		Signature
Relationship to student		Date signed
Phone number and email		

***Who may sign this form?**

1. Any of the following people may sign this form:
 - a. a person with **parental responsibility** for 'major long-term issues' as defined in the *Family Law Act 1975* (Cth)
 - b. a person authorised to make health decisions for the student under the *Children Youth and Families Act 2005* (Vic).
 - c. An adult student
2. If neither of the people described in (1) are available, an **informal carer** may sign this form. An informal carer is a relative or other responsible adult with whom the student lives, and who has day-to-day care of the student. Informal carers should provide to the school a signed 'Informal Carer' statutory declaration. Parent(s) can contact the school for assistance in obtaining a copy of this document.
3. If a principal has determined the student is a **mature minor** for the purpose of making this specific decision, the student may sign the form. The principal makes this decision consistent with the [Mature Minor policy](#) on Policy and Advisory Library (PAL).