

Form 1: Parent Request for NDIS Funded Therapy at School

Details of Student	
Student:	DoB:
Classroom Group:	
Details of Therapist	
Name of Therapist:	
Is the therapist a NDIS registered practitioner?	Yes / No
Email:	Ph No:
Type of Therapy:	
Qualifications:	
Professional Registration:	
Organisation:	
Organisation Address:	
Organisation Email:	Ph No:
Consent of Parent / Guardian / Carer or Mature Minor	
<i>I consent to the therapist operating at the school to provide services to my child. It is my responsibility to engage the therapist and liaise between the school and the therapist. I consent to the therapist and school sharing confidential information about the student.</i>	
Name:	Signature:
	Date:
Relationship to student:	
Email:	Ph No: