

# NDIS provider access to Queensland state schools

## Parent request form

### 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 \(Qld\)](#) 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](#).

### Important information about the request:

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

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](#) for NDIS supports, or if appropriate an [Access Agreement \(Continuous Invasive Ventilation\)](#).

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)

How often will the support be provided, on what days of the week and at what time of day (e.g. Once a week on Friday from 11 am to 12 pm, or once every second Friday from 11am to 12pm). Wherever possible dates should be included noting that schools will not be open on school holidays.

The dates the arrangement for the NDIS provider to provide the support at school, during school time will need to be in place (e.g. from 1 January 2019 to 23 February 2019)

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:**

### 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

