

**BELRIDGE SECONDARY EDUCATION SUPPORT CENTRE**  
An Independent Public School

www.belridgeesc.wa.edu.au  
ABN 78 519 583 580

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Therapy: Belridge.Sesc.Therapy@education.wa.edu.au

**Parent initiated service provider for students with disability request form during the 2025 School Year**

Please use this form to request access for external service providers, such as therapy services, for your child during school hours. A **separate form for each provider** that you are requesting access for must be completed. Any changes to Provider/s and / or therapist during the school year will require new documentation.

By signing this form you acknowledge that you give consent for the release and exchange of information between the listed therapy provider and staff at Belridge SESC which may include, but is not limited to, the school psychologist, teachers and education assistants.

The school will consider your request in line with the:

* duty of care to all staff and students
* student’s educational and wellbeing needs
* ability of the student to access the service outside school hours or through existing Department programs run by the school
* provider’s use of school facilities and resources including the school’s capacity to provide suitable space for therapy visits to be conducted.

**Parent obligations**

* Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session for any reason including incursions and excursions or if there are any changes to their child’s goals.

**Provider obligations**

* Providers are required to notify the student’s family if there are any changes to the planned services such as a different staff member or cancellation of a scheduled appointment.
* Providers must also immediately inform the schools about anything related to a student’s welfare or safety.
* Providers must demonstrate that they have the necessary checks, protections and training in place before they can deliver a service to students in a school.
* Providers must have public liability insurance cover of not less than $20,000,000 for any one occurrence, unlimited in the aggregate.

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| **Student details** | | |
| **Given names** | **Surname** | **Date of birth** |
| Click or tap here to enter student’s given name. | Click or tap here to enter student’s surname. | Click or tap to enter a date. |

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| **Parent details** | | |
| **Name** | **Email address** | **Contact number** |
| Click or tap here to enter parent name. | Click or tap here to enter parent email address. | Click or tap here to enter parent contact number. |
| **Name** (if applicable) | **Email address** | **Contact number** |
| Click or tap here to enter second parent name. | Click or tap here to enter second parent email. | Click or tap here to enter second parent contact number. |

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| **Information about the support to be provided** |
| **What therapy is to be provided**? (Occupational Therapy, Speech Therapy etc) |
| Click or tap here to enter text. |
| **How often will the support be provided and how long will each session be**? (Weekly / Fortnightly etc) |
| Click or tap here to enter text. |
| **How long will the support be in place for**? |
| Click or tap here to enter text. |
| **Why does the support need to be provided at school, during school hours?** |
| Click or tap here to enter text. |

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| **Provider details** | |
| **Provider name –** Individual Therapist **and** Provider Business Name (where applicable) | **Is the provider registered with the NDIS**?  Select one:  Yes  No  Unsure |
| Click or tap here to enter text. |
| **Provide information about the support and how it relates to school goals** This may include reports or information from the provider with details of the support to be provided and facilities required. | |
| Click or tap here to enter text. | |

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| **Therapist signature** | **Date** |
|  | Click or tap to enter a date. |

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| **Parent signature** | **Date** |
|  | Click or tap to enter a date. |

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| **School to complete (for office use only)** | | | |
| **Date request received** | Click or tap to enter a date. | **Request approved** | ☐ Yes ☐ No |
| **Approving staff member name** | Click or tap to enter a date. | **Approving staff member signature** | Click or tap here to enter text. |
| **Notes** | Click or tap here to enter text. | | |