SERVICE PROVIDER

SERVICE PROVIDER REQUEST TO BE ON THE SCHOOL SITE

Updated August 2024

Hammond Park Secondary College

School details	
School name: Hammond Park Secondary College (HPSC)	
Location address: Irvine Parade, Hammond Park WA 6164	**Contact number**: (08) 9395 3800

Student details
Name:

The parent/guardian MUST complete, sign and return the 'Parent/Guardian Request for Service Provider on School Site &/or Release and Exchange of Information Form' prior to this request being considered by HPSC.

Service provider organisation details	
Organisation:	
Email address:	**Contact number**:
Public liability insurance: ☐ Yes **Amount**: Note: The school is obligated to ensure that any allied health/NDIS provider complies with the insurance requirements for external third parties accessing school sites during school hours has public liability insurance covering the legal liability of the third party, its employees and agents in connection with the purpose of the school visit, must be for an amount of not less than $20,000,000 for any one occurrence and unlimited in the aggregate.	
Professional indemnity: Note: Under a parent initiated arrangement, the contract for service exists between the parent and the respective allied health/NDIS provider, so there is no requirement for the school to seek evidence of the provider's professional indemnity cover.	
Is a copy of the provider's public liability insurance cover provided? Please select one: ☐ Yes ☐ No	**Is the provider registered with the NDIS**? Please select one: ☐ Yes ☐ No

Hammond Park
Secondary College

Provider staff details:	
Name:	**Role**:
Email address:	**Contact number**:
Photocopies attached: ☐ Working with Children Check (WWCC) ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance Note: A WWCC check is required. In addition, either a NCCHC **or** NDIS Worker Screening Clearance is required.	

Information about the support you intend to provide
What is the type of support you are seeking to provide?
Is a copy of the student's service plan or therapy plan attached? Please select one: ☐ Yes ☐ No

Provider acknowledgment	
☐ Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.** ☐ Provider must understand and comply with Department of Education policies and school procedures. ☐ Provider will notify the parent and school in writing should the details provided in the service schedule change. ☐ Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI). ☐ Provider will provide a written handover at the end of the agreement period that includes: • any ongoing risks for the student • recommendations for any further support for the student, their family or the school community • any further action to be taken by the agency.	
Provider Name:	
Signature:	**Date**:

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