



# Arranounbai Parent/Carer Request for External Provider

Dear Principal

I \_\_\_\_\_ request that you consider approving the nominated External Service Provider below to work with my child \_\_\_\_\_ during school hours at Arranounbai.

*I understand that this request does not guarantee that the service provider will automatically be approved and that if approved, the time period, location within the school and specific goals will be negotiated prior to commencement.*

*I understand that the external provider is required to complete an induction process before commencement and must also provide a Working With Children Check number.*

Service Provided: (circle one): Speech Therapy    Occupational Therapy    Physiotherapy    Behaviour Specialist

Other (please specify) \_\_\_\_\_

External Provider Organisation: \_\_\_\_\_

External Provider Address: \_\_\_\_\_

External Provider Telephone Contact: \_\_\_\_\_

External Provider Email Contact: \_\_\_\_\_

External Provider Key Worker Name: \_\_\_\_\_

Specific Educational Target Goals including reasons why school setting is being requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

Signature: \_\_\_\_\_

Office use ONLY -----

Principal Approval:  Accepted     Declined

Comment: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

Signature: \_\_\_\_\_