

**REQUEST FOR EXTERNALLY FUNDED SERVICES TO BE DELIVERED AT MARY BROOKSBANK SCHOOL**

**(A separate questionnaire needs to be filled in for each service you are requesting).**

To: Mary Brooksbank School

Childs' name.....

Child's class.....

Name of therapist.....

Organisation the therapist works for.....

Phone number of therapist.....

Email address of therapist.....

Briefly, what are you expecting from the therapy, what are the outcomes you want for your child?

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I request that the service described above be undertaken at Mary Brooksbank School during school hours.

I also consent to Mary Brooksbank School and the above-mentioned external provider exchanging information relevant to the services provided as outlined in Requesting Information under Chapter 16A.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date

*The Contractor may receive Personal Information (as defined in the Privacy Act 1988(Cth) and the Privacy and Personal Information Act 1998 (NSW) from the school. The contractor must comply, in respect of such Personal Information, with the*

- 1. Australian Privacy Principle under the Privacy Act 1988 (Cth); and*
- 2. Principles under the Privacy and Personal Information Protection Act 1998 (NSW) – as if it is a ‘public sector agency’.*