

Method of Communication

Frequency of communication (*Tick if required*)

INFORMATION SHARING DEED between the NDIS therapist and the Principal

Student: ***Students Name*** (Student)

School: Ballarat Specialist School (School)

1. Parties

This Information Sharing Deed is made between the following parties:

- a. The Principal of Ballarat Specialist School
Sam Sheppard
25 Gillies St North, Lake Gardens 3355
ABN 70 0129 758 15

(Principal)

And

- b. ***Therapist name***
Discipline
ABN
Address

(Therapist)

2. Background

The Principal has agreed to permit the Therapist to provide therapy to the Student on School premises in accordance with the Licence between the Therapist and the Ballarat Specialist School Council dated ***Date of Licence (Licence)***.

This Information Sharing Deed must be read consistently with:

- a. the *Licence*; and
b. the *Parent Consent Form* attached to the Request Form which is obtained by the Therapist under Special Condition 5(c) of the Licence and signed by the parent/guardian/carer of the Student on ***Date signed by parent/carer on Part C form***.

3. Obligations

- a. As required by the Licence, the Therapist agrees to provide the following information about the Student to the Principal, in the ways and at the times set out below:
- i. any *specific information* that the Principal requests about the Student at any time, where examples of the kind of information the Principal may require is set out at Special Condition 5(c) of the Licence; and
 - ii. Information about the *Student's disability and their needs*, in the way and at the times specified in the following table:

	After each therapy session	Daily	Weekly	Monthly	Other (please specify)
Emailing a short summary of the therapy provided to Jessica Bothe - Integrated Services Team Leader Jessica.Bothe@education.vic.gov.au	✓				

- b. The Therapist agrees to immediately notify Jessica Bothe, Integrated Services Team Leader of information about the Student that relates to *reasonably foreseeable risk* to anyone. This includes, for example, information about the Student that relates to:
- i. emotional, wellbeing or self-harm issues;
 - ii. aggressive or violent behaviours; and
 - iii. the Student being a victim or perpetrator of bullying, assault or age-inappropriate sexualised behaviours.
- c. On request of the Principal, the Therapist agrees to attend Student Support Group meetings, and other meetings related to the Student.

4. Execution

This document is executed by the parties as a deed.

Signed:
Name:
Job Title:
Therapist:
Date:

Signed
Name: Sam Shepard
Job Title: Principal
School: Ballarat Specialist School
Date:

Annexure B – Attachment 1 – Consent Form/s

Signed copy to be attached