



Cromehurst Parent/Carer Request for External Provider

Dear Cromehurst Principal

I _____ request that you consider approving the nominated External Service Provider below to work with my child _____ during school hours on the school site.

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 _____

Signature: _____

Principal Approval: (circle one) Accepted Declined (Comment _____)

Principal Name: _____ Date: _____

Signature: _____