community | challenge | choice

St Michael's COLLEGE

Allied Health Service Provision - Parent/Caregiver Request Form

Instructions to parent/caregiver:

- Completed form is to be submitted to the college by the parent/caregiver.
- A request form is required **for each individual professional** proposed to facilitate privately engaged service provision at the college.

STUDENT DETAILS

Full Name		**Date of Birth**	
Class or year Level		**Campus**	

PROPOSED PRIVATELY ENGAGED SERVICE PROVIDER

Service Provider Organisation Name	
Australian Company/Business Number (ACN/ABN)	
Full name of professional proposed to facilitate services	
Job title of professional proposed to facilitate services	

PROPOSED PRIVATELY ENGAGED SERVICE PROVISION DETAILS

Type of service provision proposed:			
☐ Psychology	☐ Occupational Therapy	☐ Speech Pathology	☐ Other (please specify):
Description of proposed service provision, including focus and goal/s:			
Reason/s for proposed service provision to occur at the college as opposed to offsite:			
Relevance and benefit/s of the proposed service provision to student's access and participation in education and educational outcomes:			

Proposed day/s for service provision (if known):				
☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
Proposed frequency of service provision (if known)				
☐ One-off	☐ Weekly	☐ Fortnightly	☐ Odd/even weeks	☐ Other_____
Proposed start/finish times and length of service provision sessions (if known):				

Proposed start date of service provision (eg specific date, as soon as possible, next term) (if known):	
Proposed end date of service provision (if know):	
Is the proposed service provision required for medical reasons? *(If yes, attach the relevant health care plan, completed by the treating health professional)*	☐ YES ☐ NO

I request that the above named privately engaged service provider be allowed access to St Michael's College to provide services to my child. I understand that:

- requests for privately engaged service provision at the College will only be considered by the Principal and or delegate, if submitted by the parent/caregiver, using this request form, and if the form has been fully completed and signed.
- the Principal and/or delegate has absolute discretion to decide whether or not a privately engaged service provider can enter the College, as well as when, where and how arrangements are managed where access is approved.
- the Principal and/or delegate will take a range of factors into account when considering this request, which relate to the individual student, as well as to the wider needs of the College and community. Decisions by the Principal and or delegate are made on a case-by-case basis and are final.
- if the Principal and/or delegate agrees to proceed with the request, I and the proposed privately engaged service provider will be required to complete an agreement proposal. Commencement of service provision is subject to approval of that agreement by the Principal and or delegate, under the conditions outlined within an approved agreement.

Full name (parent/caregiver):		**Date:**	
Signature (parent/caregiver):			

FOR OFFICE USE ONLY (To be completed by the college, only once request form has been fully completed)	
Form received by the College, from the parent/caregiver	**Date:**
Response to request sent by the College, to the parent/caregiver	**Date:**

2026 Term Dates	
Term 1: Tuesday, 27 January to Friday, 10 April 2026	**Term 3:** Monday, 20 July to Friday, 25 September 2026
Term 2: Monday, 27 April to Friday, 3 July 2026	**Term 4:** Monday, 12 October to Wednesday, 2 December 2026