

INFORMATION SHARING DEED

between the external allied health professional or NDIS therapist ("the Therapist") and the Principal

Student Name:	
School:	Armstrong Creek school

1. **Parties** This Information Sharing Deed is made between the following parties:

a.	Principal of Armstrong Creek School	Lizzie Tout Armstrong Creek School 100 Central Boulevard, Armstrong Creek VIC 3217
	And	
b.	Therapist Name:	
	Occupation:	
	Company Name:	
	Address:	
	ABN \ CAN:	

2. Background

The Principal has agreed to permit the Therapist to provide therapy services to the Student on School premises in accordance with the Licence between the Therapist and Armstrong Creek School School Council.

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 4(d) of the Licence and signed by the parent/ carer of the student on ___ \ ___ \ ___

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:

Method of Communication	Frequency of communication (<i>Tick if required</i>)				
	After each therapy session	Daily	Weekly	Monthly	Other (please specify)
Emailing a short summary of the therapy provided in PDF format provided to the following email within 7 days: armstrong.creek.school@education.vic.gov.au	<input checked="" type="checkbox"/>				

- b. The Therapist agrees to immediately notify the Principal of Armstrong Creek School, 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.

Signature of Therapist:	
Name:	
Date:	___ \ ___ \ ___

Signature of Principal:	
Name:	Lizzie Tout, Principal
School:	Armstrong Creek School
Date:	___ \ ___ \ ___