

2025 INFORMATION SHARING DEED between the NDIS therapist and the Principal

Student Name: _____

School: Ballarat Specialist School

1. Parties

This Information Sharing Deed is made between the following parties:

- a. The Principal of Ballarat Specialist School
Sam Sheppard
Gillies St Nth
Lake Gardens Vic 3355
ABN 70 012 975 815

and

b.

| | |
|-----------------|--|
| Therapist Name: | |
| ABN/CAN: | |
| Address: | |

2. Background

The Principal has agreed to permit the Therapist to provide NDIS funded therapy to the Student on School premises in accordance with the Licence between the Therapist and the Ballarat Specialist School Council dated / / (insert date Licence was signed)

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 **Error! Reference source not found.** of the Licence and signed by the parent/guardian/carer of the Student on / / (Insert date on parent consent 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 **Error! Reference source not found.** of the Licence; and

- ii. Information about the *Student's disability and their needs*, in the way and

| Method of Communication | Frequency of communication |
|---|-----------------------------------|
| Emailing a short summary of the therapy provided to: request@ballaratss.vic.edu.au marked attention Jess Bothe | After each therapy session |

at the times specified in the following table:

- b. The Therapist agrees to immediately notify Sam Sheppard Principal 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: | |
| Date: | |
| Therapist Name: | |
| Job Title | |
| ABN | |

Signed: _____ Date / /

Sam Sheppard
Principal
Ballarat Specialist School