

Aspect Outreach

2021 Service Request



Who is requesting service from Aspect Outreach

Name

Daytime contact number

Relationship to child / role

Email

Please indicate service/s you are requesting (for description of services, please refer to our flyer)

- 1. School-based individual student consult (individualised planning, behaviour support plan, curriculum accommodations and adjustments, transitions and transition planning, social supports)
- 2. Home education support (individual programming, curriculum support, learning environment review, positive behavior support, teaching strategies, entry/re-entry to school, transition to post-school options, social strategies)
- 3. Diagnosis Disclosure program ("Learning more about me")
- 4. Peer Education program (based on Carol Gray's "Sixth Sense" program)
- 5. Student workshop (customised to school's request)
- 6. General school support (developing autism-specific individualised plans, positive behaviour support, transition strategies, creating structured learning environment, curriculum adjustments and accommodations, classroom and playground strategies, establishment of sensory room)
- 7. Professional Learning

Please describe briefly why you are requesting for a service/support from Aspect Outreach and what is your expected outcome?

For services 1, 2, 3, 4 & 5 kindly complete the Aspect Outreach application form. It is important that parent/guardian signs the consent form.

Professional fees and payment

A quote will be provided after discussion of requested service/s. On acceptance of quote, a tax invoice will be issued. Payment must be made no later than the day of the service. Payment methods are indicated in the invoice. Please note that we cannot accept a cash payment.

Where to send

Please send to Aspect Outreach: Email: customerservice@autismspectrum.org.au
Post: PO Box 361 Forestville NSW 2087

Aspect Outreach 2021 Application Form



This application must be completed and signed by child's parent/guardian.

Child Details

Given name

Surname

Home address

Gender

Male Female I don't wish to say

Other, please describe _____

Date of Birth

Year/Class in School

K 1 2 3 4 5 6
 7 8 9 10 11 12

School Placement

Mainstream/regular class
 Support Unit (e.g. autism support class, IM, IO)
 SSP (School for Specific Purpose)
 Distance Education
 Home educated

Parent/Guardian Contact Details

Parent/Guardian name

Relationship to child

Mother Father Other, specify

Address (if different from child)

Home phone

Mobile

Work phone (if not contactable by personal mobile)

Email address

Parent/Guardian name

Relationship to child

Mother Father Other, specify

Address (if different from child)

Home phone

Mobile

Work phone (if not contactable by personal mobile)

Email address

Is the child under the guardianship of Family and Community Services? Yes No

School Contact Details

Name of school

Street address

School phone

School Principal

School contact:

Name

Position

Email address

Phone (office or mobile)

Child's Diagnosis

Primary diagnosis

Other diagnosis/conditions

Reports and Documents

Please provide us with report/s that are relevant to this application. Please tick box if document is attached to this application. (Note: Information provided through these documents will be used to inform advice and recommendations to school and family)

- Diagnostic report
- Student Individualised Plan (IEP/ILP)
- Student Profile (strengths & interests, goals)
- NDIS Plan Goals
- Psychologist - Assessment Report (eg IQ Testing, WISC IV, WPPSI-III, Stanford Binet V)
- Speech Therapist – Assessment and/or Therapy Report
- Occupational Therapist – Assessment and/or Therapy Report
- Behaviour Support Plan
- Other report, please specify

Other/Previous Aspect services

Has your child accessed/Is your child accessing any other Aspect Service (e.g. Aspect School, Assessment, Therapy, Individual & Community Services)

- Yes No

If yes, please specify Aspect service and date/year. Please note that should Aspect Outreach need to access information from other Aspect services, consent from parent/guardian will be sought.

How did you hear about Aspect Outreach?

- Paediatrician, Psychologist, Therapist
- Aspect Website
- Aspect Customer Service
- Other Aspect services, eg, Assessment, Therapy, Individual & Community Services
- Other

Aspect Outreach Consent form 2021



Name of child

Consent to Collect and Use Information Internally

Autism Spectrum Australia (Aspect) collects, maintains, uses and discloses personal information as detailed in Aspect's [Privacy of Information and Data](#) policy.

We/I consent to Aspect collecting, using and maintaining personal information for the above named child as detailed in Aspect's Privacy of Information and Data policy, for the following service: [Aspect Outreach](#)

We/I consent to the collection of personal information about the named child from his/her school.

Internal use of photographs / video

Aspect uses photographs / video in the provision of services and may capture photos or video of clients. These photographs / videos are used for internal program and service delivery relating to the client or for Aspect related training purposes.

Please tick:

We/I consent / **We/I do not consent** to the use of photos and/or video recording being used as part of the Aspect Outreach service delivery.

We/I consent / **We/I do not consent** to the use of the above named child's records, including photographs and video recordings, being used to support Aspect's broader internal staff training.

We/I understand that:

- The information collected will be owned by Aspect and used only for the purposes of Aspect Outreach service and to meet associated record retention requirements, including maintaining confidentiality within Aspect.
- We/I can request to access my personal information and make corrections or complaints in accordance with Aspect's Privacy of Personal Information and Data policy.
- Photos / video footage taken as part of service delivery may be kept in client or service records but will not be used for any other purpose, including publicity or marketing without additional written consent through Aspect's Talent Release Form.
- We/I can withdraw my consent and request that the records are not maintained, however, we/I understand that information already collected by Aspect will be subject to the relevant laws and funding requirements for its retention, de-identification and storage periods; which may require Aspect to keep some records after my consent has been withdrawn for specified time periods.
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Consent to Externally Disclose Personal Information

Disclosure of Personal Information

Personal information collected, maintained and used internally at Aspect will not be disclosed to any person or agency without consent, except where required as specified in Aspect's Privacy of Personal Information and Data policy. Should information regarding the child be sought by another person or agency, the child's parent/guardian should indicate their consent for Aspect to disclose their information using this consent form.

Please tick:

We/I consent to the disclosure of personal information of the below named persons or agencies as part of the Aspect Outreach service use:

Name of Person/Agency	Contact details	Reason for information sharing
Child's school	as per application	Delivery of Aspect Outreach service
<i>(specify below any additional person/agency)</i>		

Please list any particular restrictions on the personal information sharing to the above persons / agencies, where applicable:

We/I understand that:

- Autism Spectrum Australia (Aspect) collects, maintains, uses and discloses personal information as detailed in Aspect's Privacy of Personal Information and Data Policy.
- The disclosure will only be to consented external persons / agencies unless required by law as detailed in Aspect's Privacy of Personal Information and Data policy.
- I can revoke consent to the sharing of personal information or images with the above named persons or agencies at any time by advising Aspect in writing.
- This consent only applies to the persons or agencies detailed on this form. Additional signed consent will be sought for any other disclosures including publicity through the **Aspect Talent Release Form**.

OR

We/I do not consent to personal information sharing as part of the Aspect Outreach service use to any external persons or agencies. *(Please note that Aspect will not be able to provide requested Outreach service if consent to share information with the school is not given.)*

Name Parent Guardian Signature Date

Name Parent Guardian Signature Date

These consents will expire on 31 December 2021 unless withdrawn earlier in writing.

If completing and submitting this form electronically, by providing your name or image of your signature in the "Signature" field above as an e-signature, you are accepting the above as ticked.