

SCHOOL EXPRESSION OF INTEREST APPLICATION



Please return the **completed and signed** form, along with **supporting documentation** to enrolments@autismqld.com.au.

DATE OF EOI APPLICATION:		<input type="checkbox"/> Brighton <input type="checkbox"/> Cairns <input type="checkbox"/> Sunnybank
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STUDENT DETAILS				
Legal First Name			Legal Middle Name	
Legal Family Name			Preferred Name	
Date of Birth		Gender		Gender Pronoun
RESIDENTIAL ADDRESS				
Physical Address			Post Code	
POSTAL ADDRESS				<input type="checkbox"/> AS ABOVE
Postal Address			Post Code	
ORIGIN				
Identifies as	<input type="checkbox"/> N/A <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander			
Residency Status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Visa Holder <input type="checkbox"/> Other			
<i>More information may be requested if enrolment offered.</i>				
LANGUAGE & OTHER				
Language/s Other than English spoken at Home?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):			
DIAGNOSIS & MEDICATION				
Diagnoses				
Summary of Current Medication <i>(detailed information will be required if enrolment offered)</i>				

PARENT CARER 1 DETAILS (Primary Carer)				
Title (eg Mr/Ms/Mrs)			Relationship to child	
Given Name			Family Name	
Email				
Contact Number	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home			
RESIDENTIAL ADDRESS				<input type="checkbox"/> SAME AS CHILD
Physical Address			Post Code	

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PARENT CARER 2 DETAILS

Title (eg Mr/Ms/Mrs)		Relationship to child	
Given Name		Family Name	
Email			
Contact Number	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home		
RESIDENTIAL ADDRESS			<input type="checkbox"/> SAME AS CHILD
Physical Address		Post Code	

FAMILY CIRCUMSTANCES

Child Lives with	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):		
<p>Under the <i>Child Protection Act 1999</i>, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.</p>			
Child in Out-Of-Home Care?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)		
Commencement Date		End Date	
Child Safety Officer Name		Phone	
Other Court Orders?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):		
Commencement Date		End Date	

CURRENT EDUCATION SETTING

Name of School		Current Year Level	
Principal			
Head of Special Education Services (HOSES):			
Class Teacher/s			
School Address		Post Code	
Email			
Phone		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION (HEALTH PROFESSIONALS)

DOCTOR (GP)			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	

OTHER INFORMATION (HEALTH PROFESSIONALS)			
PEDIATRICIAN			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	
PSYCHOLOGIST			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	
OCCUPATIONAL THERAPIST			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	
SPEECH PATHOLOGIST			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	
OTHER			
Name		Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Postcode	
Email		Phone	

SUPPORTING DOCUMENTATION	
<p>This application may not be processed until all required documentation has been provided. Please ensure all questions have been answered and copy of the following documents provided with this application:</p>	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Current diagnosis of autism (within the last 24 months) provided by a registered pediatrician, psychiatrist, or neurologist ¹ in a signed letter or, on the Department of Education's Autism Spectrum Disorder Medical Specialist Form.
<input type="checkbox"/>	Therapy Report/s (e.g. Speech, Occupational Therapist)
<input type="checkbox"/>	Copies of any court orders (if applicable)

¹ or psychologist (external to the Department of Education) with a practice endorsement in clinical psychology, educational and developmental psychology or neuropsychology specifying the DSM-5 or ICD-10.

SUPPORTING DOCUMENTATION	
For students already attending school:	
<input type="checkbox"/>	Proof of EAP Verification Status (AIMS record or confirmation letter showing review dates if applicable)
<input type="checkbox"/>	Current School Report
<input type="checkbox"/>	Current School Personalised Learning Plan (PLP)/ICP or similar
<input type="checkbox"/>	Behaviour Support Plan (if applicable)

DECLARATION	
I, the legal guardian, request the child named above to be considered for enrolment in the Autism Queensland School program and have the legal authority to do so. I confirm:	
<input type="checkbox"/>	All relevant supporting documents have been forwarded to Autism Queensland with this signed application form.
<input type="checkbox"/>	I will attend a meeting with my child and the Principal or Delegate to be considered for enrolment.
<input type="checkbox"/>	If my child is offered enrolment, I will complete any additional relevant documents prior to my child beginning enrolment.
Collection & Storage of Personal Information:	
<input type="checkbox"/>	I understand that Autism Queensland collects and records relevant personal information that is stored and managed in Autism Queensland’s secure database in accordance with Autism Queensland’s Privacy Policy (available at www.autismqld.com.au). I also understand to facilitate the collection and storage of relevant data, clients must be registered with Autism Queensland. By completing and returning this application, I am giving Autism Queensland permission to use the information provided to register the child as a client of Autism Queensland in accordance with Autism Queensland’s Privacy Policy.
<input type="checkbox"/>	I authorise Autism Queensland to obtain and provide information from/to the individuals/agencies/organisations listed with permission to contact in this Expression of Interest Application. This permission will remain until revoked in writing.

By signing below, I understand that my child will become a Registered Client of Autism Queensland (if not already registered) and I agree to *all terms and conditions* indicated on this form.

PARENT/GUARDIAN 1:		PARENT/GUARDIAN 2:	
Signature:		Signature:	
Name:		Name:	
Date:		Date:	

Personal and sensitive information collected on this form will be retained and used for the purpose of providing you with Autism Queensland Limited’s services and providing information about these services. It may also be used for other purposes such as providing you with information about other services and events, to meet our requirements for government funding in providing services, to monitor and evaluate existing services and plan for future services or for research purposes. Without this information Autism Queensland may be unable to provide you with its service. The information collected on this form will only be used by Autism Queensland and will not be disclosed to any other person or organisation unless we have your consent or we are permitted by law. If you wish to access or seek correction of your personal information or make a complaint about our handling of your personal information please see Autism Queensland’s Privacy Policy, at www.autismqld.com.au or phone (07) 3273 0000.

‘APPENDIX: ENROLMENT AT AUTISM QUEENSLAND SCHOOL’ next page

APPENDIX: ENROLMENT AT AUTISM QUEENSLAND SCHOOL

Application Process

1. An expression of interest application must be submitted with the supporting documentation.
2. The campus school administrator will confirm via email that the application has been received and advise if more information required. (Please note – an expression of interest application does not guarantee enrolment with Autism Queensland School).
3. Once processed, completed applications will be added to the expressions of interest list.
4. If a vacancy becomes available, the Head of Campus will be in contact to arrange a site visit. Prospective students must be present during the visit. (Please note – a site visit does not guarantee an offer of enrolment).
5. The expressions of interests list is reviewed annually, at which time, applicants will be contacted to confirm if they wish to continue with the application.
6. Each application will be considered in line with Autism Queensland School Enrolment Policy, with the final decision made at the discretion of the Principal.

School Fees

1. Enrolment fee
 - a. If an offer of enrolment is issued, to accept the placement a deposit of 4 weeks term fees (capped at \$500) is required to be paid within the timeframe issued on the offer letter and invoice.
 - b. The enrolment fee is held as a bond and is refundable at the end of the student's placement. In the event of non-payment of term fees, this amount will be withheld.
2. Term fees
 - a. Ongoing enrolment is dependent on prompt payment of all invoiced school fees.
 - b. Fees are liable for the duration of the enrolment and not reimbursed for periods of non-attendance (such as sick days, holidays and transition periods).
 - c. Fees are levied on a term basis in advance. Invoices are emailed at the start of each term. Early payments in full attract a discount or direct debit options are available.
 - d. Families may be eligible for fee relief if experiencing financial hardship. Applications can be made by contacting the Autism Queensland Financial Services Department. Any discussions are dealt with sensitively and remain confidential. Accounts Autism Queensland contact: accounts.aq@autismqld.com.au
 - e. Failure to pay term fees will result in conclusion of enrolment.
 - f. Term fees are reviewed annually, and subject to change. Details are available from your school administrator.
 - g. NDIS funding does not cover school fees.
3. Cancellation of enrolment
 - a. Parents/carers must notify the Principal in writing with at least 4 weeks' notice within school term time, to conclude enrolment for the following term. Failure to meet these conditions will result in the enrolment fee being withheld.

Criteria for Ongoing Enrolment

Autism Queensland aims to provide a safe, supportive and disciplined environment that respects:

- The rights of all students to learn
- The rights of all staff to teach
- The rights of students and staff to be safe

It is accepted that settling into a new school is a significant event for any child and particularly challenging for students on the spectrum.

Criteria for ongoing enrolment at Autism Queensland are:

- The student is able to participate in a group setting
- The student demonstrates safe behaviour towards self and others
- The student is able to participate without the need for ongoing one-to-one supervision
- Timely payment of school fees in agreement with the AQ Financial Services Department

Approximately three months after your child begins enrolment, you will be invited to meet with your child's AQ School team to discuss individual adjustments required for your child at school. A personalised learning plan will be developed and presents an opportunity for the staff and parents to discuss any concerns regarding ongoing enrolment at the time.