

2024 Request to create a record for non-state school students

The Department of Education (DoE) has an agreement with Independent Schools Queensland and Queensland Catholic Education Commission to provide an Advisory Visiting Teacher service for students who are deaf/hard of hearing (DHH), have physical impairment (PI) and/or blindness/vision impairment (BVI) enrolled in nonstate schools. A OneSchool record and an Adjustment Information Management System (AIMS) record within OneSchool (DoE record management system) must be created for the student.

This form is to be used by non-state schools to advise DoE of a student's enrolment and personal details and to request the creation of a OneSchool record.

The school must:

- · obtain valid and current parent/carer written consent prior to the completion of this form;
- consult with the relevant AVT for the identified low incidence disability area(s)
- provide evidence of diagnosis;
- · complete the details below; and
- email this form to avt.nssreferral@qed.qld.gov.au

Student details							
Legal family name:			Legal given name	S:			
Date of birth:			Sex:				
Emergency contact name and phone number:							
Current residential address:							
Name of non-state school:							
Year level:		FTE enrolment in non-state school:		Date of enrolment:			
Origin details:	☐ Queensland ☐ Interstate ☐ Overseas						
Indigenous status:	☐ Aborigina	☐ Aboriginal but not Torres Strait Islander origin					
	☐ Torres Strait Islander origin but not Aboriginal						
	☐ Both Aboriginal and Torres Strait Islander origin						
	☐ Neither Aboriginal nor Torres Strait Islander origin						
	☐ Not stated/unknown						



Residency status:		☐ Australian citizen							
		☐ Permanent visa holder		☐ Temporary visa holder*					
*If tomporary vis	a holdor	☐ New Zealand citicomplete Visa sub-		☐ Pacific Isla	and Nation citiz	en not requiring visa			
ii temporary vis	a rioluer,	complete visa sub-	Class.						
Parent/carer	etails								
1. Title:		Family name:	ne: Given name:						
Relationship:				·					
2. Title:		Family name:	name:		Given name:				
Relationship:				·					
Disability cate									
There is evidence of a diagnosis of impairment requiring significant education adjustments in the following disability category or categories: Deafness/hearing loss Physical impairment Blindness/vision impairment Checklist Current and valid parent consent (within previous 12 months) has been obtained Evidence of diagnosis is attached Relevant AVT has been consulted regarding this request Principal confirmation									
•			at evider	nce of diagnos	sis of impairme	nt and current and valid			
, , ,		ent (within the previo		•	•				
I request the created recorded above.		a student record in O	neSchoo	ol indicating th	ne student's dis	sability category/ies as			
Principal name	:			Principal em	nail:				
Principal signat	ture:			Date:					
An automated message will confirm receipt of your email.									
Submit									

Note: Please submit your request by opening Microsoft Outlook and clicking submit. This form will populate in Microsoft Outlook as an email for you to send. You do not need to print the document. Alternatively, save and email the document to avt.nssreferral@qed.qld.gov.au

Privacy Notice: The Department of Education collects, uses and discloses personal information in accordance with the confidentiality provision in s.426 of the Education (General Provisions) Act 2006 and the Information Privacy Act 2009. Information collected on this form will be used to provide Advisory Visiting Teacher (HI, PI, VI) services to the student and their school. The information will be kept in a secure location and will only be accessed by relevant departmental personnel. Personal information collected on this form will not be given to any other person or external body unless consent has been provided or the department is permitted or required by law to use or disclose such information.