

NORTH CANTERBURY RTLB CONSENT FORM AND SUPPORT AGREEMENT

CAREGIVERS/WHANAU CONSENT	FOR INTERVENTION	
STUDENT NAME:		
 Information with regard to consent has been sought. I understand this information I give consent for the NCRT 	f the reason for this Request for Sup my child may be shared with profes on will be used and disclosed only fo	oport. ssionals involved once additional caregiver or the purpose for which it is collected. ation related to the Request for Support.
Caregiver name: Relationship:		
Date: Email:		Phone:
Please read and sign the Request for Support Agreement below		
NCRTLB REQUEST FOR SUPPORT AGREEMENT		
 outcomes. It is agreed that all parties concerned will meet the following:: To keep appointments as arranged. To share relevant information and or reports to the appropriate people. To agree and commit to a timeline of events to collaboratively develop a 'one plan.' To inform the RTLB of any incidents that may have an effect on the outcome of the intervention. To inform the RTLB if MOE funding (i.e. IRF) is sought and approved. To monitor and review the implementation of the 'one plan' as agreed. To ensure the best interests of the student(s) will remain paramount. In the case of a misunderstanding/dispute a representation for the cluster may be appointed as a mediator. 		
Kaiako:	SENCO/Tumuaki/LSC:	Caregiver/whānau:
Name:	Name:	Name:
Signed:	Signed:	_ Signed:
Date:	Date:	Date:
All signatures are required for the Request for Support to be considered Please attach to the RFS on Schoolgate. Retain a copy for your records For further information about the NCRTLB service visit www.ncrtlb@gmail.com		