



COMPULSORY CONCILIATION CONFERENCE APPLICATION FORM

Name of School:

Date of Application:

Principal name and contact details:

Student name and DOB:

Parent(s) name and contact details - please include address (and email if available):

Social Worker or other relevant person/s name and contact details:

Please indicate your preferred days for conference (e.g. days that the social worker is available at your school):

Monday	Tuesday	Wednesday	Thursday	Friday

Any person/s or organisation which the school believes the Registrar should consider inviting to the conference:

Does the student have a diagnosed health issue? If so please indicate.

What intervention or supports has the School Support and Wellbeing Team Lead actioned eg. Referral to Wellbeing Team, Referral to Inclusive Practice Team and Referral to Intensive Student Support Consultant.

Before sending this form, ensure you have included the following:

- Summary
- Chronological history of interventions
- Other information as outlined in the 'Guidelines for Schools - Referral for a Compulsory Conciliation Conference.

Signature of Principal:

Signature of Secretary's Delegate

PLEASE ENSURE THAT THE SECRETARY'S DELEGATE HAS SIGNED BEFORE SENDING TO THE OFFICE OF THE EDUCATION REGISTRAR - email: conciliations@oer.tas.gov.au