



## COMPULSORY CONCILIATION CONFERENCE APPLICATION FORM

**Please ensure all details of this form is completed and a copy of the student's enrolment form and other relevant information are attached.**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Principal: \_\_\_\_\_ School Social Worker: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student's address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian contact number/s: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian contact details (*if different to student*): \_\_\_\_\_

Previous Year Attendance Rate (%): \_\_\_\_\_ Current Year Attendance Rate: \_\_\_\_\_

**Brief summary and history of the young person, including previous support, (e.g. example, family, social, personal, risk factors, engagement barriers and strengths).**

**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?**

SUPPORTING PROFESSIONALS	<i>Details of involvement and <u>contact details</u></i>
<input type="checkbox"/> <b>Inclusive Practice Team (IPT)</b> <ul style="list-style-type: none"> <li>Coach name:</li> </ul>	
<input type="checkbox"/> <b>Intensive Student Support Consultant</b> <ul style="list-style-type: none"> <li><b>ISSC Name</b></li> </ul>	
<input type="checkbox"/> <b>Professional Support Staff</b> <ul style="list-style-type: none"> <li>School Psychologist:</li> <li>Social Worker:</li> <li>Speech &amp; Language Pathologist:</li> </ul>	
<input type="checkbox"/> <b>Interagency Student Support</b> <ul style="list-style-type: none"> <li>Safe Homes Safe Families:</li> <li>Student Wellbeing:</li> <li>Youth Court Officers:</li> </ul>	
<input type="checkbox"/> <b>School Health Nurse:</b>	
<input type="checkbox"/> <b>School Support Staff</b> <ul style="list-style-type: none"> <li>Aboriginal Education Worker:</li> <li>EAL Teacher:</li> <li>Support Teacher:</li> <li>Other - provide details:</li> </ul>	
<input type="checkbox"/> <b>External Agencies</b> e.g. Anglicare, Headspace, CAMHS	

**What strategies / interventions have been employed by the school to engage the student and support attendance?**

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**Please advise who the person/s or external organisation are, which the school believes the OER should consider inviting to the conference:**

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

Monday	Tuesday	Wednesday	Thursday	Friday

Signature of Principal:	Signature of Secretary's Delegate
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**PLEASE ENSURE THAT THE SECRETARY'S DELEGATE HAS SIGNED BEFORE SENDING TO THE OFFICE OF THE EDUCATION REGISTRAR** - email: [conciliations@oer.tas.gov.au](mailto:conciliations@oer.tas.gov.au)

**GOVERNMENT SCHOOLS:**

Email completed form to the relevant region's Learning Service:

**Learning Services Northern Region:** [learning.services.nr@education.tas.gov.au](mailto:learning.services.nr@education.tas.gov.au)

**Southern Region:** [learning.services.s@education.tas.gov.au](mailto:learning.services.s@education.tas.gov.au)

**CATHOLIC SCHOOLS:**

Email completed form for approval to: [ceo@catholic.tas.edu.au](mailto:ceo@catholic.tas.edu.au)

**INDEPENDENT SCHOOLS:**

Please ensure completed form is signed off by the Chair of your School Governing Board.