



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"/> Inclusive Practice Team (IPT) <ul style="list-style-type: none"> Coach name: 	
<input type="checkbox"/> Intensive Student Support Consultant <ul style="list-style-type: none"> ISSC Name 	
<input type="checkbox"/> Professional Support Staff <ul style="list-style-type: none"> School Psychologist: Social Worker: Speech & Language Pathologist: 	
<input type="checkbox"/> Interagency Student Support <ul style="list-style-type: none"> Safe Homes Safe Families: Student Wellbeing: Youth Court Officers: 	
<input type="checkbox"/> School Health Nurse:	
<input type="checkbox"/> School Support Staff <ul style="list-style-type: none"> Aboriginal Education Worker: EAL Teacher: Support Teacher: Other - provide details: 	
<input type="checkbox"/> External Agencies 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:

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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

GOVERNMENT SCHOOLS:

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

Learning Services Northern Region: learning.services.nr@education.tas.gov.au

Southern Region: learning.services.s@education.tas.gov.au

CATHOLIC SCHOOLS:

Email completed form for approval to: ceo@catholic.tas.edu.au

INDEPENDENT SCHOOLS:

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