



Department of
Education and Training

Department of Education and Training Occupational Therapy and Physiotherapy Services

Student permission form (18 years and older)

The Department of Education and Training (DET) is collecting your personal contact details on this form in order to facilitate DET occupational therapy/physiotherapy services for you. Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact your school in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact your school in the first instance.

A DET occupational therapy and/or physiotherapy service has been requested by your teacher. Your written consent is required before we can contact the DET occupational therapist or physiotherapist. Please complete the following form and return as soon as possible to:

My name is _____

The school I attend is _____

I do give consent

do not give consent

to receive services from a DET occupational therapist

and/ or a DET physiotherapist.

I understand that the therapist will provide assessment and/or follow-up services as required and that this may involve discussions with other agencies.

I understand that reports written by the therapist will not be sent to others, such as therapists from other agencies, without my consent. I will be asked for my consent should reports need to be sent to others.

I understand that the therapist may need to take photographs or video material as part of the assessment or records. I understand that photographic or video material will not be used for any other purpose without my permission.

I have specific issues and/or concerns about my school performance that I would like to bring to the attention of the DET occupational therapist and/or DET physiotherapist (please list below):

I wish to discuss these issues with the therapist

I can be contacted at the following:

Address _____

Telephone _____ Mobile _____

Preferred contact times _____
(This information will enable the therapist to contact you for further discussion and/or to arrange a meeting time.)

Student Signature _____ Date _____

Parent/carer name _____

Courtesy Signature (Parent /carer) _____

Date _____