Chaplaincy and student wellbeing officer services

Form 1: Parent/Student Consent Form

(Optional template. Schools may determine the format of written consent.)

**Privacy Notice**

The Department of Education is collecting personal information about the student in this form for the purpose of recording consent for participation in one-on-one meetings with the school’s chaplain or student wellbeing officer. This form will be stored securely at school and only be accessed by the <chaplain/student wellbeing officer>, the school’s student support team and the principal. The personal information collected here will not otherwise be used or disclosed unless you consent, or the use or disclosure is authorised by law.

<School name> provides a <chaplaincy/student wellbeing officer> service, which is approved by the principal and supported by the school’s <Parents and Citizens’ Association / School Council> and is available to all students. The <chaplain/student wellbeing officer > is employed through <name of Accredited Employing Authority>. Chaplains and student wellbeing officers support the general wellbeing of students, parents and staff and are inclusive of and show respect for all religious and non-religious beliefs and other stances represented in the school community.

Further information about the chaplaincy and student wellbeing officer program is located on the department’s website at <https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-wellbeing-officer-services>.

<You/student name> <have/has> been referred to meet, or <have/has> indicated interest in meeting individually, with the <chaplain/student wellbeing officer> on a regular or ongoing basis. For this to occur, your written informed consent is required. The focus of these meetings, which may occur during lesson time or within the broader school day, will be determined by <your/student name’s> needs, however chaplains and student welfare workers are not allowed to provide counselling. If a referral to an external agency or service is required, the <chaplain/student wellbeing officer> must have the approval of the principal, deputy principal or guidance officer and your consent.

The meetings with the <chaplain/student wellbeing officer> are confidential and the <chaplain/student wellbeing officer> may record what happened or was said during the meetings. These notes will be securely stored at the school and may be viewed by the student, if requested.

There may be times when the worker is required to disclose confidential information provided by <you/student name> to the principal. The principal may be required to inform <your parent/guardian/you>, the Queensland Police Service and/or Child Safety Services. This would happen if:

* a person is at risk of harm, or being harmed;
* <you/student name> <plan/plans> to, or <are/is>, harming <yourself/themselves>;
* <you/student name> have/has harmed, or are planning to harm, another person; or

a law has been broken.

Consent provided on this form will be considered valid for the duration of the <chaplain’s/student wellbeing officer’s> involvement in supporting <you/student name>, unless this period is more than one school year, in which case consent will be requested at the start of the following school year. Consent provided may be withdrawn at any time by notifying the school principal in writing. The reason <you/student name> access/es the worker, and the outcome of any consultation with them, will not be disclosed without your consent, unless required by law.

Please complete the attached form indicating whether <you/student name> <consent/consents> to ongoing individual meetings with the <chaplain/student wellbeing officer> and return to the school office or email to xxxxxx@eq.edu.au.

If you would like to discuss this matter, please contact me by <insert preferred contact method >. Alternatively, you may wish to discuss this with the school <chaplain/student wellbeing officer>, <name and contact details>.

Yours sincerely

*<Principal’s name>*

**Principal**

*Please complete, sign and return this form to the school office or email it to xxxxxx@eq.edu.au.*

**Student name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year Level / Class:** \_\_\_\_\_\_\_\_\_

Please indicate whether you consent to ongoing individual meetings with the <chaplain/student wellbeing officer>. You can change your preference at any time by letting the <principal> know in writing.

[ ]  I <consent to student name meeting/provide my consent to meet> with the <chaplain/student wellbeing officer>.

[ ]  I **do not** <consent to student name meeting> / provide my consent to meet> with the <chaplain/student wellbeing officer>.

Parent’s/Guardian’s/Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use**: Retain original in the student’s file and provide a copy of notice to the chaplain/student wellbeing officer.  |
| Does the student/parent require an interpreter? | Yes [ ] No [ ]  | Has an interpreter been used to explain this information? | Yes [ ]  No [ ]  | The principal has determined that the student has the capacity to make an informed decision about their participation in ongoing one-on-one meetings with the chaplain/student wellbeing officer. | Yes [ ]  No [ ]  |