

Chaplaincy and student welfare worker 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 welfare worker. This form will be stored securely at school and only be accessed by the Chaplain, 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.

Ipswich North State School provides a Chaplaincy service, which is approved by the school's Parents and Citizens' Association / School Council and is available to all students. The Chaplain is employed through Scripture Union Queensland. Chaplains and student welfare workers provide social, emotional and spiritual support to students and the school community and are inclusive of and show respect for all religious and non-religious beliefs and other stances represented in the school community.

Information about the school's Chaplaincy service is available on the school's website and through newsletters. Further information about the chaplaincy and student welfare worker program, including definitions, is located on the department's website at <https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-welfare-worker-services>.

_____ (student name) has been referred to meet, or has indicated interest in meeting individually, with the Chaplain 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 _____ (student name) 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 must have the approval of the principal, deputy principal or guidance officer and your consent.

The meetings with the Chaplain are confidential and the Chaplain 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 Chaplain is required to disclose confidential information provided by (_____ (student name) to the principal. The principal may be required to inform your parent/guardian, the Queensland Police Service and/or Child Safety Services. This would happen if:

- a person is at risk of harm, or being harmed;
- _____ (student name) plan/plans to, or are/is, harming yourself/themselves;
- _____ (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 involvement in supporting _____ (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 (_____ (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 _____ (parents name) consent to ongoing individual meetings with the Chaplain and return to the Chaplain or classroom teacher.

If you would like to discuss this matter, please contact me by phone. Alternatively, you may wish to discuss this with the school Chaplain, Kylie Rieck, 3813 5888 on a Monday.

Yours sincerely

Sharyn Brown

Principal



Please complete, sign and return this form to the Chaplain or Classroom Teacher.

Student name:

Year Level / Class:

Please indicate whether you consent to ongoing individual meetings with the Chaplain. You can change your preference at any time by letting the Principal know in writing.

- I consent to _____ (student name) meeting with the Chaplain.
- I **do not** consent to _____ (student name) meeting with the Chaplain.

Parent's/Guardian's / Student's Signature: _____ Date: _____

Please print name _____

Office Use:								
Retain original in the student's file and provide a copy of notice to the chaplain/student welfare worker.								
Does the student/parent require an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has an interpreter been used to explain this information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 welfare worker.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

