



Camp Hill

State Infants & Primary School

Independent Public School

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Camp Hill QLD
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Together We Achieve

Chaplaincy and student welfare worker services

Parent/Student Consent Form

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.

Camp Hill State Infants and Primary School provides a chaplaincy service, which is approved by the school's Parents and Citizens' Association and is available to all students. The chaplain is employed through Scripture Union. 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>.

_____ 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 your and/or your child'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 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 you or your child to the principal. The principal may be required to inform 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 and/or your child plan to, or are, harming yourself or themselves;
- you and/or your child have 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 you and/or your child, 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 and/or your child 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 and/or your child consent to ongoing individual meetings with the chaplain and return to the school office or email to admin@camphillipss.eq.edu.au .

If you would like to discuss this matter, please contact me by telephone. Alternatively, you may wish to discuss this with the school chaplain, Malcolm Brown on 3900 9333.

Yours sincerely

Deborah Driver
Principal

**Courtesy
Cooperation**

Commitment

Consideration

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

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 Deborah Driver know in writing.

I consent to _____ meeting and/or provide my consent to meet with the chaplain.

I **do not** consent to _____ meeting and/or provide my consent to meet 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"/>	Has an interpreter been used to explain this information?	Yes <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"/>		No <input type="checkbox"/>		No <input type="checkbox"/>