



School Counselling Service

Consent to Work With Student

We ask that both parents or guardian provide consent in writing prior to your child/ren engaging with the School Counsellor. Please complete Section One – Joint Consent for School Counselling. This consent is required of both parents or guardian/s unless:

- One parent is deceased
- One parent has not been in contact for over 12 months, and no court order is in place
- A parent or guardian has current court orders for sole legal responsibility for the child's ongoing care, welfare and development
- A history of family violence and associated safety risks prevents the involvement of all parents/guardians
- The child/ren is at serious risk if they are not offered services

In the event that one of the circumstances outlined above occurs, the parent or guardian seeking school counselling services needs to apply for exemption from the joint parental or guardian consent policy by completing Section Two of this Form.

You can withdraw your consent at any time. Should you wish to do so, the School Counsellor will cease working with the child/ren and will provide names of other School Counsellors and/or community organisations that may be able to assist.

It is important to understand that:

- The School Principal is informed that your child/ren may be attending School Counselling Services. The Principal is also made aware of the basic reasons for their attendance.
- Within legal limitations and our organisation's ethical guidelines, non-school related issues with children are confidential

Please complete the relevant section below or over the page.

Section One : Joint Consent for School Counselling Services

To be completed by both parents or guardian/s unless there are exceptional circumstances (if so, complete section two: Exemption from Joint Parental/Guardian Consent).

Please note: a parent or guardian may request a separate form is filled in if they do not want the other parent or guardian to know their contact details.

Child/ren's Name/s	
We authorise work with our child/ren	(print full names)

- ***I understand that*** the School Principal is informed that my child/ren will attend School Counselling Services and the Principal will also be made aware of the basic reasons for their attendance.
- ***I understand that*** within legal limitations and our organisation's ethical guidelines, non-school related issues with children are confidential

Signed:		Relationship to child/ren:	
Signed:		Relationship to child/ren:	
Date:	_ / _ / _	Telephone contact details:	

C O N F I D E N T I A L

School Counselling Program
Parent(s) / Guardian(s) Form

The following information will help the School Counsellor gain an understanding of your child and the current concern. The information contained in this form will be held in confidence by the School Counsellor. When completed, please return this form, along with the consent form, in a sealed envelope addressed to the School Counsellor, as soon as possible.

DATE FORM COMPLETED: ____/____/____

1. STUDENT'S DETAILS:

CHILD'S NAME: _____

GRADE: _____ TEACHER: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: ...

<u>PARENTS/GUARDIANS INFORMATION:</u>		
	(1)	(2)
NAME:		
RELATIONSHIP to the child:		
PLACE OF BIRTH:		
CONTACT: Please indicate the most appropriate phone number to contact you on by ticking the boxes.	(Home) _____ <input type="checkbox"/> (Mobile) _____ <input type="checkbox"/> (Work) _____ <input type="checkbox"/>	(Home) _____ <input type="checkbox"/> (Mobile) _____ <input type="checkbox"/> (Work) _____ <input type="checkbox"/>
OCCUPATION:		

LANGUAGE(S) SPOKEN AT HOME:

-

WHO LIVES WITH THE CHILD? Family members/step-family members; including their names, ages, siblings' grades/year level, if they are still attending school.

3. FAMILY HISTORY

Please comment on the following periods of your child's life, include any significant family changes that occurred (e.g. birth of a sibling, death, divorce/separation, house move.). Please include relevant developmental or medical information (e.g. milestones, major illness).

- Pregnancy / Birth

- Infancy (Ages up to 2)

- Pre-school (Ages 2-4)

- Primary School (Ages 5-12)

- Secondary School (Ages 13-18)

4. SCHOOL HISTORY

Has your child attended more than one school? YES / NO

If YES, please complete the following:

<u>NAME OF SCHOOL</u>	<u>GRADE</u>	<u>YEAR LEFT</u>	<u>REASON FOR LEAVING</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. OTHER AGENCIES

Please provide details of any agency or professional, past or present, that your child has been involved with (e.g. other Counsellors, Psychologists, Department of Human Services, Paediatrician or Foster Care).

NOTE: The School Counsellor may seek your consent to consult with other professionals.

<u>AGENCY</u>	<u>PHONE NUMBER</u>	<u>YEAR</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child been diagnosed with any disorders or disabilities (If so, please provide information regarding the nature of the diagnosis, when it was made and by whom, and any medication)? Please bring any assessment reports to your initial interview with the School Counsellor.

Does, or has, your child received extra assistance at school? (E.g. Reading Recovery, Speech Therapy, Occupational Therapy, Physiotherapy, or Integration Assistance.)

6. REASON FOR REFERRAL

Describe the current concerns regarding your child. Have there been any changes in your child's usual behaviour?

How have you tried to address these concerns? Please describe what worked in the past and what did not.

What would you like your child to achieve through counselling?

What, if any, assistance/support do you require in this matter?

Kind regards,

Counsellor's name:

Cheree

School:

St Patrick's Latrobe

Day(s) at school:

2nd Friday of the school term (consecutively)



CatholicCare Tasmania (CCT) may collect personal information about you for a range of purposes to enable it to carry out its functions and to provide you with services. This collection may occur when you fill out any forms provided by CCT, whether in person or online, via the CCT website (www.catholiccaretas.org.au), or when CCT provides services to you.

If CCT does not collect your personal information, we may not be able to provide you with services.

CCT will not use or disclose personal information that was collected for a particular purpose for another purpose, unless you have consented to the use or disclosure of the information for another purpose, or if the use or disclosure is otherwise permitted under the Privacy Act 1988 (Cth).

CCT is not likely to disclose your personal information to overseas recipients.

You acknowledge and agree that to provide you with certain services (such as family & relationship services, counselling and refugee services) CCT uses a common database to store your personal information, which is run by CatholicCare Victoria Tasmania ACN 150 113 947 (CCVT), and its contracted service providers.

This common database is shared between CatholicCare Tasmania (ABN 79 984 899 862), CatholicCare Archdiocese of Melbourne (ABN 42 795 179 778), Centacare Catholic Diocese of Ballarat (ABN 51 857 084 361) and CatholicCare Sandhurst (ABN 71 789 820 442) (Other Agencies).

You consent to your personal information, including information about your race and ethnic background, religious affiliation and specific health information such as your date of birth and disabilities being entered into this common database and understand that it may be accessible by the Other Agencies. The Other Agencies will not disclose your personal information to any third party who does not have access to the common database. The Other Agencies will not be able to access your case notes, session information, bookings or activities using this common database.

If you wish to opt out of your personal information being entered into this common database, please contact the Privacy Officer on the email address or contact number listed below. However, if you opt out this may affect the services that CCT can provide to you.

For further information on how CCT handles your personal information, please see CCT's Privacy Policy at: www.catholiccaretas.org.au. If you have any queries or complaints about CCT's use or disclosure of your personal information, or if you would like to access your personal information, please contact the CCT Privacy Officer via email: privacyofficer@aohtas.org.au or by phoning 03 6278 1660.

Email: privacyofficer@aohtas.org.au
Telephone: (03) 6278 1660
Post: GPO Box 62, Hobart, TAS 7001
Visit: 35 Tower Road, New Town, TAS 7001

CONSENT INFORMATION

CONSENT

Consent Given Yes No

Name

Signature

Date / /

OFFICE USE ONLY

Client ID

Worker Name

Date / /

