|  |  |
| --- | --- |
| School location(s):  …………………………………………………………  …………………………………………………………  ………………………………………………………… | ChaplaincyParent Consent Form For Victorian Government schools that are not participating in the in the Commonwealth Government’s National School Chaplaincy Programme (NSCP) |
|  |  |

This information is to help you decide whether to consent to your child receiving chaplaincy services.1

**Referral**

Once informed written consent has been provided, the school staff, parents/guardians/carers or the student can complete the Department’s [Chaplaincy Referral/Intake Form](http://www.education.vic.gov.au/Documents/school/principals/health/1571010generalchapreferral.docx). This form contains relevant Information to be provided to the chaplain so that he/she can provide appropriate chaplaincy services to the student.

Please read this form carefully. If you need any clarification, please contact [insert School contact name].

Although the form uses the phrase ‘your child’ you may have received this form if you:

* are an adult student or can be considered **a mature minor**
* are a **guardian or informal carer**[[1]](#footnote-1).

## **Background**

**Chaplaincy services** aim to support the emotional wellbeing of students by providing pastoral care services and strategies that support the emotional wellbeing of the broader school community.

**Pastoral care** means looking after the wellbeing and personal needs of students, not just their academic needs.

Information about chaplaincy services in Victorian Government schools can be found at:

<http://www.education.vic.gov.au/school/principals/spag/safety/Pages/cpchaplaincy.aspx>.

**Chaplains in your school**

In your school chaplaincy services will be provided by:

|  |
| --- |
| **INSERT CHAPLAIN OR CHAPLAINCY SERVICE PROVIDER details:**  **[Name of Chaplain] [Name of Provider if applicable] [Address of Provider’s head office] [Contact person at Provider’s head office]** |

The chaplain will be available in the school as follows:

Monday ………….am to …………..pm

Tuesday ………….am to …………..pm

Wednesday ………….am to …………..pm

Thursday ………….am to …………..pm

Friday ………….am to …………..pm

## **Types of Services**

## Chaplaincy services in your school may be provided in any of the following forms [delete any option that is not applicable]

## (a) on an individual basis (one-on-one discussions with a student)

## (b) in a group setting (discussions with groups of students), or

## (c) both (a) and (b).

## **Privacy Protection**

The Department of Education and Training (DET) values the privacy of every individual and is committed to protecting all personal and health information collected in Victorian Government schools. All school staff, contractors and agents must comply with Victorian privacy law and applicable DET privacy and information policies.

In Victorian Government schools the management of ‘personal information’ and ‘health information’ is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

Chaplains who are not part of the NSCP must follow the Victorian *Chaplaincy Information, Records and Reporting Policy*which details how chaplains in Victorian Government schools must handle personal and health information they collect, consistent with Victorian privacy law.

This document summarises the Victorian [*Chaplaincy Information, Records and Reporting Policy*](http://www.education.vic.gov.au/Documents/school/principals/health/1571012genchaprecpol.docx)

### Purpose of collecting personal and health information

Chaplains may collect personal and health information about your child to:

* work as a member of the school’s wellbeing team and provide chaplaincy services which form part of the wellbeing services available at the school; and
* assist the school to:
  + provide for the educational, social and emotional wellbeing and health of students
  + meet its duty of care obligations
  + make reasonable adjustments for students with disabilities
  + comply with occupational health and safety obligations  
    **(collectively, the primary purposes)**.

On occasion, your child may discuss other members of your family or other people with a chaplain. As a consequence, chaplains may collect personal and health information about people other than your child.

**Types of personal and health information collected**

The types of personal and health information the chaplain may collect about your child will depend on the nature of the discussions your child has with the chaplain.

Chaplains may collect personal and health information such as your child’s address, contact details, information about physical, mental or psychological health, details about any disability your child may have and information about your child’s religious beliefs or affiliations.

Chaplains will rely on information provided to them to adequately provide the chaplaincy services. If a chaplain receives incomplete, inaccurate or outdated information, this may adversely affect the assistance provided by them.

**Sharing (using/disclosing) personal and health information**

Chaplains may share personal and health information collected about you or your child with the school principal:

* for any of the primary purposes set out above
* if there is a risk to your child, other person or the public
* as permitted or required by law
* with consent.

**Storage of personal information**

Chaplains will record and store relevant information in accordance with the Victorian [*Chaplaincy Information, Records and Reporting Policy*](http://www.education.vic.gov.au/Documents/school/principals/health/1571012genchaprecpol.docx)

**Accessing personal and health information**

You can access and correct personal and health information held by DET about you or your child by contacting:

**Information Management Unit**Department of Education & Training  
2 Treasury Place, East Melbourne VIC 3002  
(03) 9637 3961  
[foi@edumail.vic.gov.au](mailto:foi@edumail.vic.gov.au).

**Withdrawal of consent**

You may withdraw your consent at any time by writing to your school. Withdrawing your consent means your child will no longer receive any chaplaincy services.

## **Further information**

Further information about chaplaincy is available from the DET website at: http://www.education.vic.gov.au/school/principals/spag/safety/Pages/chaplaincy.aspx.

## **Your Authority and Consent**

I authorise and consent to a chaplain providing services to my child.

I confirm that I have read this Consent Form and understand:

* how my child’s personal and health information will be collected and managed by the chaplain
* that my consent will continue while my child is enrolled in a Victorian Government school
* that I may withdraw my consent at any time
* that if the chaplain determines that the chaplaincy services are no longer required for me or my child, they will cease.

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Student signature (optional)** |  |
| **Date** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **Name of Person 1 providing consent** |  |
| **Relationship to Student** |  |
| **Signature of Person 1 providing consent** |  |
| **Date** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **Name of Person 2 (Optional) providing consent** |  |
| **Relationship to Student** |  |
| **Signature of Person 2 providing consent** |  |
| **Date** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| If you are an **adult student** or you have been classified as a **mature minor** you may sign this form. For more information about who may sign this form see: **Decision Making Responsibilities for Students:** (<http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx>). | |

1. For more information on who may sign this form see: **Decision Making Responsibilities for Students** (<http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx>). [↑](#footnote-ref-1)