



Corinda State High School – Chaplaincy Permission form 2024

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, 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.

Corinda State High School provides a chaplaincy service, which is approved by the Principal and supported by the school's Parents and Citizens' Association and is available to all students. The Chaplain is employed through Scripture Union Australia (SUA). Chaplains 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>.

Your student has requested, or has been referred to meet with the Chaplain on a regular basis. Reasons for this referral could be, but not limited to:

- Social and emotional support - including one-to-one conversations or classroom involvement
- Participation in various adventure-based learning programs (Rock and Water, Connect etc)
- Mentoring and peer support
- Student led faith programs/discussions

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 needs, however chaplains 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 your student 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;
- your student plans to, or is, harming themselves;
- your student has harmed, or are planning to harm, another person; or
- a law has been broken.

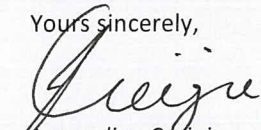
Consent provided on this form will be considered valid for the duration of the Chaplain's involvement in supporting your student, unless this period is more than one school year, in which case consent will be requested at the start of the following school year. Consent provided may be withdrawn at any time by notifying the School Principal in writing. The reason your student accesses the chaplain, 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 consent to ongoing individual meetings with the chaplain and return to the school office or email to jcrai50@eq.edu.au.



If you would like to discuss this matter, please contact me by email. Alternatively, you may wish to discuss this with the school chaplain, Jeff Thomson cthom768@eq.edu.au.

Yours sincerely,


Jacqueline Craigie
Deputy Principal



Please complete, sign and return this form to the school office or email it to jcrai50@eq.edu.au.

Student name: _____

Year Level / Homegroup: _____

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 _____ meeting with the chaplain.
- ☐ I **do not** consent to _____ 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 wellbeing officer.

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 wellbeing officer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---	---	---	---

