

**Consent Form**  
**Ongoing One-on-One Meetings with Chaplain at**

Parent Name/s	
Student Name (in full)	
Student Year Level	

Dear

This school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. Information about the school's chaplaincy program has been provided to you previously and is available on the school's website. Please feel free to contact the school if you would like more information.

Your child has accessed the chaplain and has indicated interest in meeting with the chaplain on a regular or ongoing basis. For this to occur, written parental consent is required. Please indicate whether you consent to these individual meetings.

- Yes
- No

Please sign below and return this form.

If you would like to discuss this matter, please contact myself, on \_\_\_\_\_, or the school chaplain, \_\_\_\_\_ on \_\_\_\_\_.

Yours sincerely

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Privacy Statement*

*The Department of Education, Training and Employment is collecting student's personal information in order to determine student participation in the school's chaplaincy program. The department collects, uses and discloses student's personal information in accordance with the confidentiality provision - s.426 of the [Education \(General Provisions\) Act 2006\(Qld\)](#). The department and the chaplain will only use and disclose the student's personal information in accordance with this provision. The [Information Privacy Act 2009 \(Qld\)](#) applies to the department's collection, use and disclosure of the personal information of persons other than students.*

Office Use: Retain original in student's file and provide a copy of notice to the chaplain.
--