

## Form 5.0 - Voluntary student participation in Chaplaincy Services

### 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/student welfare worker, 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.

### Chaplaincy/student welfare worker service

Bribie Island State High School provides a chaplaincy/student welfare worker service, which is approved by the School Council and is available to all students. The chaplain/student welfare worker 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/student welfare worker 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>.

Your student may be referred to meet, or self-initiate individual meetings with the chaplain/student welfare worker on a needs basis, this support may be single meetings or regular ongoing support. 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'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/student welfare worker must have the approval of the principal, deputy principal or guidance officer and your consent.

The meetings with the chaplain/student welfare worker are confidential and the chaplain/student welfare worker 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/student welfare worker 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;
- the student plans to, or is, harming themselves;
- the student has harmed, or is 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/student welfare worker's involvement in supporting your student and for the duration of your student's enrolment. Consent provided may be withdrawn at any time by notifying the school principal in writing. The reason your student accesses 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 consent to your student accessing individual support meetings with the chaplain/student welfare worker.

If you would like to discuss this matter, please contact the school administration office on 3400 2444 to arrange an appointment. Alternatively, you may wish to discuss this with the school chaplain/student welfare worker, who can also be contacted through the school administration office 3400 2444.

Yours sincerely



**Matthew Bradley**  
Acting Principal  
Bribie Island State High School

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### Parent Consent

**I give consent** for my child to meet with the chaplain/student welfare worker. I understand that this consent is inclusive of all such activities performed by the School Chaplain and remains operational unless I advise the school otherwise in writing.

**OR**

**I do not consent** for my child to meet with the chaplain/student welfare worker. I understand I can alter this consent by advising the school in writing.

Parent/Guardian Name:

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Signature:

Date:

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