



CONSENT FORM FOR PROVISION OF COUNSELLING BY PLACEMENT STUDENT AT HOLY FAMILY SCHOOL

Please complete the following consent form and return it to the School Principal.

I authorise and consent to a trainee counsellor, Ms Howaida Ali, providing services to my child. I acknowledge that the trainee counsellor is completing a Master of Counselling at Swinburne University. Howaida is supervised by the Department of Psychology supervision team at Swinburne University. The placement is supported by the School Principal, Mrs Julie David and Deputy Principal Eithne King.

As a parent/guardian, I understand that I have the right to information concerning my child except where otherwise stated by privacy regulations. I also understand that it is in my child's best interest to be provided with a private environment to discuss concerns with the trainee counsellor on placement. I therefore give permission for the trainee counsellor to use his judgement, in accordance with professional ethics, law, and Child Safety Standards, in deciding what information disclosed by my child is to be shared with me,

I understand that the trainee counsellor on placement will need to keep records in relation to my child. These records will be stored securely in a locked cabinet. Only the trainee counsellor and school principal/deputy will have access to these records. The child's case notes will be de-identified, reviewed, and signed off by her clinical supervisor to ensure competency is met.

I also understand that, at times, the trainee counsellor will consult with appropriate school staff about my child in order to support them in their school experience, and/or to manage any risk issues that might be disclosed. I also understand that at times, the trainee counsellor will contact the parent/guardian to gather background information and/or to provide information about the sessions. It is also possible that, at times, the trainee counsellor might request consent to speak to other professionals working with the child. I also understand that if I have any questions about the consent process or student placement then I can contact the School Principal/Deputy and she can provide information to me or arrange for the trainee counsellor to contact me.



I confirm that I have read this Consent Form understand:

- How my child's personal information will be collected and managed by the trainee counsellor.
- That the trainee counsellor might liaise with me, school staff and other professionals working with my child.
- That I may withdraw my consent at any time.

Name of Student:	
Name of Parent/Guardian 1:	
Relationship to student:	
Contact number:	
Email address:	
Signature of Parent/Guardian 1:	
Date:	
Name of Parent/Guardian 2:	
Relationship to student:	
Contact number:	
Email address:	
Signature of Parent/Guardian 2:	
Date:	