SSMH1 – Consent form for student and/or parent/carer to allow sharing of student personal information

The Department of Education (DoE) is committed to creating an inclusive learning environment that supports the mental health and wellbeing of all students. In accordance with DoE’s [*Supporting students’ mental health and wellbeing* procedure](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure), this form records consent of a student and/or their parent or carer for DoE staff to share information about the student with clinical care providers and school staff.

This form, when signed, gives DoE staff permission to contact a clinical care provider/s to share and/or obtain information about the student. This information will be used by school staff to make appropriate educational adjustments to support the student’s needs while at school. Please read each part of this form carefully. If you do not understand any part of this form, please speak with a staff member at your child’s school.

**Privacy notice:** Personal information is being collected on this form to allow DoE staff to:

* determine the support options for the student’s suspected or diagnosed mental health difficulty and prepare a referral to a clinical care provider or specialist mental health service (if required);
* deliver quality support to the student within the school context; and
* discuss the student’s situation and information with clinical care providers and school staff.

Any personal information collected may be accessed by DoE employees and clinical care providers. The personal information collected will not be given to any other person or agency unless you have given permission or DoE staff are authorised or required by law to do so.

The information on this form will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how the information has been used, please contact the school in the first instance. If you have a concern or complaint about the way this personal information has been collected, used, stored or disclosed, please also contact the school in the first instance.

The consent provided in this form must be renewed at least once per year.

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| **Student’s last name:** | | | **Date of birth:** | |
| **Student’s first name:** | | | **Age:** | |
| **EQ ID number:** | | | **Gender:** | |
| **School:** | | | **School year level:** | |
| **Parent/carer’s name:** | | | **Contact phone number:** | |
| Do you require an interpreter? | Yes  No | Has an interpreter been used to explain this information? | | Yes  No |

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| In order to understand the educational impacts of the student’s suspected or diagnosed mental health difficulty and how the school can make supportive adjustments to the student’s *Student plan*, information and advice may need to be exchanged between certain DoE staff and clinical care providers. Please initial each ‘Initial here’ box if you consent to DoE staff taking the following actions for the purpose of determining the support options available for the student’s suspected or diagnosed mental health difficulty. | | | |
| Initial here: | **Action:** I consent toa case manager being allocated to coordinate school support for the student.  School case manager:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Initial here: | **Action:** I consent toa referral to the school guidance officer for the purpose of assisting the school to understand the student’s mental health difficulties.  Guidance officers can advise on adjustments to support the student’s educational needs in the context of a mental health difficulty, and coordinate school support when necessary.  To inform their assessment of the options available to support the student, guidance officers may: undertake class observations; have discussions with the student’s teacher/s; conduct semi-structured interviews with the student; and undertake psychoeducational assessments. If additional formal assessment is required, the school will provide you with further information and your consent will be requested on a separate school-based form provided by the guidance officer. | | |
| Initial here: | **Action:** I consent to the student being referred to a clinical care provider if deemed necessary by the school guidance officer, e.g. psychologist via a referral from a general practitioner or a direct referral to the Child and Youth Mental Health Service.  (Note: All referrals will be discussed with the student and/or their parent/carer prior to being made, and [*Form* *SSMH3: Student referral to clinical care provider*](https://ppr.qed.qld.gov.au/attachment/ssmh3-form-student-referral-to-clinical-care-provider.docx) must be completed.) | | |
| Initial here: | **Clinical care provider/s:**  If you consent to the case manager contacting the student’s existing clinical care provider/s to obtain more information about their condition in order to gather information to support school adjustments, please list their profession, name and contact details below. | | |
| ***Business name / Profession*** | | ***Name of practitioner*** | ***Contact details (phone/email)*** |
| E.g. Maranoa medical centre / General practitioner | | Dr Jane Smith | XXXX XXXX |
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| Initial here: | **Action:** I consent to the student’s information being exchanged between relevant school staff, such as the case manager, guidance officer, teacher(s), principal and other departmental staff nominated by the school or me, for the purpose of implementing supportive educational programs for the student.  ‘Information’ could include diagnostic information provided by a clinical care provider/s. |
| Initial here: | **Action:** I consent to information relevant to the student’s mental health difficulty being recorded on confidential guidance files.  Guidance files are managed by the school’s guidance officer and may include a record of psychoeducational assessments, actions, reports and other material relevant to the student’s education. These files are kept confidential and secure as per DoE’s [Information privacy and right to information](https://ppr.qed.qld.gov.au/pp/information-privacy-and-right-to-information-procedure)procedure.  Any other confidential information pertaining to the student’s mental health difficulty will also be stored in OneSchool. OneSchool is a comprehensive online system that assists Queensland state schools to manage key teaching and school administrative activities. OneSchool collects and stores information about students so school staff may plan and administer appropriate education and support services to school students.  Information will be stored on OneSchool with an appropriate security level (only relevant school personnel, and in some cases, only the guidance officer can access this information) and an original signed hard copy (if available) will be held in a guidance file in a secured location. |
| Initial here: | **Action:** I consent to the development of a ‘Student plan’ in OneSchool for the student.  (Note: A ‘Student plan’ is a collection of individual support plans, e.g. Personalised learning, Individual curriculum plan, Health management and/or Support provisions, which record information about a student to inform school staff about the ways a student is supported to achieve their best at school.) |

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| ***For the student and/or parent/carer:*** | |
| I confirm the following:   * I have received, read and understood this form. * I give consent for the recording, use and disclosure of the student’s personal information as outlined above. * I understand that any information gathered from the clinical care providers in relation to the student’s mental health difficulty will be used by the school exclusively for the purpose of understanding the educational impacts of the condition and how the school may provide a safe, inclusive and supportive education program. * I understand that consent can be withdrawn at any time by notifying the school principal in writing. | |
| Student’s name:  Signature: | Date: |
| Parent/carer’s name:  Signature: | Date: |
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| ***For the case manager*** | |
| I have discussed with the student named in this form and/or their parent/carer DoE’s [Supporting students’ mental health and wellbeing procedure](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure)*.* I have explained that a referral to and/or contact with a clinical care provider may be necessary for the purpose of understanding the educational impacts of the student’s mental health difficulty and how the school may respond effectively to provide a safe, inclusive and supportive education program.  I am satisfied that the student and/or parent/carer understands the purpose of the information exchange referred to in this form and the recording of the student’s personal information.  By signing this form I accept my responsibilities listed in DoE’s [Supporting students’ mental health and wellbeing](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure) procedure. | |
| Case manager’s name:  Signature: | Date: |

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| ***For the guidance officer (if not the case manager)*** | |
| I am satisfied that the student and/or parent/carer has given informed consent (see [Fact sheet – Obtaining valid student or parent/carer consent](https://ppr.qed.qld.gov.au/attachment/fact-sheet-obtaining-valid-student-or-parent-carer-consent.docx)) to the school recording, using and disclosing information about the student’s mental health difficulty as described above.  By signing this form I accept my responsibilities listed in DoE’s [Supporting students’ mental health and wellbeing](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure) procedure*.* | |
| Guidance officer’s name:  Signature: | Date: |
| ***For the principal*** | |
| I have met/will meet with the student and/or student’s parent/carer to discuss any concerns and negotiate reasonable educational adjustments.  By signing this form I accept my responsibilities listed in DoE’s [Supporting students’ mental health and wellbeing](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure) procedure. | |
| Principal’s name:  Signature: | Date: |

**The original signed version of this form is to remain in the student’s registered guidance file. Copies of this form will be uploaded to OneSchool and provided to the student and/or their parent/carer.**