Consent for school social work services - 2025

This form is to be completed when the named student has been referred to the school's social worker for support of the student's mental health and social and emotional wellbeing in the school setting. This consent form should be completed by the student or their parent/carer after they have read the *Consent for school social work services: Guide for students and parents/carers (Consent guide)*.

Privacy notice

The Department of Education is collecting the personal information on this form in order to obtain and record consent for the named student to receive school social work services. This form will be stored securely by the social worker and only accessed and used by authorised departmental staff. The information will not otherwise be used or disclosed unless the student and/or their parent provide consent, or where the department is authorised or required by law.

Student det	ails									
Name						DOB			Age	
School				EQID				Year level/Class		
Parent/Carer details										
Name/s										
Home phone	•		Mobile			Email				
Consent ar	Consent and agreement									
By signing this form, I acknowledge that I:										
have read the Consent guide or had it read to me;										
 understand how information about me/my child may be recorded, used and disclosed by the school social worker; 										
 have had the opportunity to ask questions, and any questions I have asked have been answered to my 										
satisfaction; and										
can withdraw consent at any time by advising the school social worker.										
I consent to receiving, or my child receiving, a service from the school social worker to support my/their mental health and wellbeing.										
Name of stu	ıdeı	nt: (if student is pro	viding co	nsent)						
Student signature:			Date:							
Name of pa	ren	t/carer (if parent is	providing	consent)						
Parent/carer signature:				Date:						
I consent to the social worker undertaking assessments, which may include assessments of behavioural, social and emotional functioning, and mental health and wellbeing.										
Name of stu	ıdeı	nt: (if student is pro	viding co	nsent)						
Student sign	natu	ıre:			Date:					
Name of pa	ren	t/carer (if parent is	providing	consent)						
Parent/carer signature:					Date:					

Supporting Statements

The relevant section(s) below should be completed by the social worker or another suitable member of staff if:

- the student providing consent is under 18 years of age; or
- the Consent form and Consent guide are required to be read to the student or parent/carer in order for consent to be obtained.

Statement by person witnessing consent from a student who is under 18 years of age

I have witnessed the signature of the student on the *Consent form*. The student has had the opportunity to ask questions. I believe that the student has given consent freely and understands the implications of giving consent.

Name:	Role:
Signature:	Date:

Statement by person reading the Consent form and Consent guide to a student or parent/carer to obtain consent.

I have read the Consent guide and the consent form to the potential consenter.

I confirm that the person was given an opportunity to ask questions about the *Consent guide* and the *Consent form*, and that all questions asked by the consenter have been answered. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the Consent guide has been provided to the consenter.

Name:	Role:
Signature:	Date: