Consent form to share student personal information with third parties

This consent form allows the Department of Education, including school and regional staff (department), to communicate with the third parties listed below, including disclosing personal information to and recording personal information received from, those third parties. It authorises the third parties to disclose the personal information and materials (listed below) to the department. Information that is shared will be limited to that listed on this form. Information may be written or spoken.

Parent/carer to complete for students under 18 year of age. Independent students may complete on their own behalf and if under 18 years of age, a witness is required.

This consent is for:			
Student's name		**Date of birth**	
State school name	North Shore State School		

I consent to the following personal information and/or materials of the student being used, recorded, collected and/or disclosed:

Student's materials, and student's first and last name, date of birth, age, school name, year level as well as other personal information as outlined below:

School and other health support plans

School and other health support strategies

Medical and other health professional documents. This may include diagnosis letters, psychological reports.

School attendance, behaviour and academic records

Between department staff and the following third party individuals and/or organisations:

(for example: where possible please identify the name of the individual AND their organisation/medical practice/business; the name of the government agency; or the name or description of health praticitioner or provider such as a medical specialist; psychologist; therapist etc)

_____

_____

_____

To be used for the following approved purpose/s only:

(for example: to discuss support strategies; to discuss personal care requirements)

Discuss needs to develop support strategies and plans for learning and wellbeing

Discuss support strategies for learning and wellbeing needs

Discuss personal health and care requirements

Timeframe for consent:
Consent applies from date of signing but not longer than 12 months or until you decide to limit or withdraw consent in writing.

Consent and agreement

I am (tick the applicable box):

☒ parent/carer of the identified student ☐ the student (if a mature/independent student*)

*Please note - If this box is checked, Department staff should check the student record for documentation of any decision about Gillick competence of the consenting student.

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

By signing below, I consent to:

- the Department of Education, including school and regional staff (department) recording, using and/or disclosing the personal information and materials to the third parties identified in this Consent Form; and
- authorise those third parties to disclose the personal information and materials to the department for the purposes and durations specified (above) on this Consent Form.

I understand and acknowledge that the personal information and materials will only be accessed by appropriately authorised department staff and disclosed or shared with third parties to which I have provided consent, unless required by law.

Print name of student:	
Print name of parent/carer:	

Parent/carer signature: …………………………………………...…	**Date**
Student mark or signature (if applicable): …………………………………	**Date**

SPECIAL CIRCUMSTANCES

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or individual student; or when the consenter is an independent student and under 18 years of age the section below must be completed.

Statement by person witnessing consent from an independent student

I have witnessed the mark or signature of an independent 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 effect and implications of giving consent.

Print name of witness ....

Signature of witness ....

Date ....

Statement by the person taking consent – when it is read

I have accurately read out the explanatory letter and consent form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified personal information and materials will be used in accordance with the consent form

2. in accordance with procedures the department will cease using the identified personal information and materials from the date the department receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and consent form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. 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 explanatory letter has been provided to the consenter.

Print name and role of person taking the consent ....

Signature of person taking the consent ....

Date ....

Queensland Government