DECD policies require that students must have written informed parental consent to receive ongoing individual, personal assistance from a Pastoral Care Worker.

Parents are asked to complete their child's name, tick Yes or No below, sign this form, and return it to the Front Office.

Student/s Name .................................................................

Class ...........................

I understand that teachers retain over-riding duty of care for students. Therefore the Pastoral Care Worker is required to confidentially inform teaching staff of all matters related to duty of care and student learning, health and wellbeing and will ensure my child is aware of the scope and limits of privacy and confidentiality in any conversation at which a teacher is not present. I am aware too that the Pastoral Care Worker is a mandated notifier in relation to child protection.

YES ☐ I give consent for my student to seek and obtain individual personal assistance from the Pastoral Care Worker (including Christian content) at Port Wakefield Primary School.

OR

YES ☐ I give consent for my student to seek and obtain individual personal assistance from the Pastoral Care Worker (NOT including Christian content) at Port Wakefield Primary School.

OR

NO ☐ I do not give consent for my student to seek and obtain individual personal assistance from the Pastoral Care Worker at Port Wakefield Primary School.

I give consent for my child to:

☐ YES  ☐ NO  Attend non-religious lunch time groups and/or activities

This decision regarding access to the school's Pastoral Care Worker will apply for the duration of this student's time at the school. I understand I can change this consent at any time by completing another form and returning it to the school office.

................................................................. /  /201_

Parent signature