

**CONSENT FORM - STUDENT PARTICIPATION IN CHAPLAINCY PROGRAM****Consent Form****Student Participation in Chaplaincy Program at MIRANI STATE SCHOOL**

This school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. Information about the school's chaplaincy program is on the school's website. The chaplain is involved in a range of activities at this school which are free of religious or spiritual content.

**Parent consent, or in some cases, the student's consent is required for participation in specific activities with religious or spiritual content. If the principal decides that the student has the appropriate level of maturity and understanding to give informed consent, the student may apply for themselves. Otherwise, the parent must apply in writing on the student's behalf. Please complete the form below:**

<b>Parent Name/s</b>	
<b>Student Name (in full)</b>	
<b>Student Name (in full)</b>	
<b>Student Name (in full)</b>	

**The school chaplain is involved in classroom and lunch time activities with groups of students. Any religious or spiritual content requires written consent by the parent. The chaplain at Mirani State School has -**

- \* Contact with students in regular school activities such as classroom groups and lunch time activities.
- \* Support for students as requested in writing by the parent/caregiver.

**If you DO wish to give consent for this/these students to participate in the above activities, please tick boxes (a) AND (b):**

- (a) I give consent for this student to participate in classroom and lunch hour activities.
- (b) I understand that, where I agree that the student can participate in activities with the chaplain, this information will be passed on to the school chaplain.

**OR, if you DO NOT wish to give consent for the student to participate in the above activities please tick box (c):**

- (c) I **DO NOT** give consent for the student/s to participate in classroom or lunch hour activities with the school chaplain.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Student Signature (if appropriate)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Privacy Notice**

*The Department of Education and Training is collecting student's personal information in order to determine student participation in the school's Chaplaincy Program. This information will only be accessed by the school principal and, if the student is participating in the program, the school chaplain. Student's personal information will be recorded, used and disclosed in accordance with s.426 of the [Education \(General Provisions\) Act 2006 \(Qld\)](#) and will not be given to any other person or agency unless you have given the department permission or the disclosure is otherwise required or permitted by law.*

Office Use:  
Retain original in student's file and provide a copy of notice to the parent.

**RESET**

**Uncontrolled copy.** Refer to the Department of Education, Training and Employment Policy and Procedure Register at <http://ppr.det.qld.gov.au> to ensure you have the most current version of this document.

