



# SHORNCLIFFE STATE SCHOOL

*Our Students, Our Community, Our World*

Ph (07) 3631 9222

Fx (07) 3631 9200

Yundah Street

Shorncliffe Qld 4017

[admin@shorncliffess.eq.edu.au](mailto:admin@shorncliffess.eq.edu.au)

[shorncliffess.eq.edu.au](http://shorncliffess.eq.edu.au)

## **CHAPLAIN SERVICE CONSENT FORM**

Parent / Carer Name		Phone	
Student's Full Name		Class	

Dear Parent/Carer,

This school community provides a chaplaincy service, which is endorsed by the school's Parent and Citizens' Association and is made available on a voluntary basis to all students.

The Chaplain can provide support with individual pastoral conversations, group Restorative Practice (RP) conversations with students regarding social, emotional, educational and spiritual (spiritual being in the content of grief and loss with parent/carer permission).

The class teacher, your child or yourself can indicate to meet individually with the school chaplain if there is support needed. The focus of these meetings will be determined by the student's need. For this to occur, written consent is required below.

Chaplains are not allowed to provide counselling, evangelism or proselytize, advocate for or denigrate a particular worldview or faith. In order to ensure management of students needing support, the chaplain works with the school principal, deputy principal, guidance officer and support staff.

Consent provided on this form will be considered valid for the duration of the chaplain involvement in supporting the student, unless this period is more than one (1) school year, in which case consent will be requested at the start of the following school year. Information on this form will be stored securely.

***Please indicate below whether you consent to these ongoing individual meetings.***

Yes, I consent to my child participating in **individual** or **group** conversations with the chaplain.

Yes, I consent to my child participating in **individual** or **group** conversations and **spiritual** support with the chaplain.

No, I do not consent to my child participating in any meetings with the chaplain.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If you would like to discuss this matter further, please contact myself or the school Chaplain.

Yours sincerely,

Scott Padgett





