



Parent / Caregiver Consent for Wellbeing Services – 2026

Mother Teresa Catholic College is committed to providing a safe, inclusive and supportive learning environment that promotes the academic, social, emotional and psychological wellbeing of all students.

This consent form seeks permission from parents/caregivers for the College Wellbeing Team to provide wellbeing services to your child and, where appropriate, to request and/or exchange relevant information with internal staff and external professionals to support your child within the school setting.

Wellbeing Services May Include:

- Individual or group counselling
- Social and emotional learning and wellbeing programs
- Behavioural, learning or wellbeing assessments
- Targeted interventions to support engagement, behaviour and emotional regulation
- Consultation with parents/carers and relevant staff

Voluntary Participation

Participation in wellbeing services is voluntary. Your child is not required to access these services and consent may be withdrawn at any time by notifying the College in writing.

Information Collection and Storage

Information collected during the provision of wellbeing services is managed in accordance with the Privacy Act 1988 (Cth), CEWA policies and College procedures. Records are stored securely and accessed only by authorised personnel.

Confidentiality and Information Sharing

Information shared during wellbeing services is treated confidentially. Relevant information may be shared with appropriate College staff where necessary to support your child's learning and wellbeing. Information may be disclosed without consent where required or permitted by law, including mandatory reporting obligations, or where there is a serious risk to the safety of the student or others.

Consent

By signing this form, I confirm that:

- I understand the nature and purpose of the wellbeing services offered
- I have had the opportunity to ask questions and receive clarification
- I understand the limits of confidentiality
- I consent to my child participating in wellbeing services at the College
- I consent to relevant information being requested from and shared with appropriate professionals where required
- I understand that this consent is valid for 12 months unless withdrawn earlier

Student Name: _____

Date of Birth: _____

Year Level: _____

Parent/Caregiver Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____