

EXAMPLE

Consent Form

This Consent Form is to work with these Act for Kids services:

Specialist Disability Support in Schools (SDSS)

Consent to Receive Service – Part A

I/We have recieved a copy of the Act for Kids Welcome Book which includes copies of:

- Information about the services I am consenting to
- Act for Kids Contact Details
- Act for Kids Privacy Statement
- The Client Code of Conduct
- How to make a Complaint or provide feedback to Act for Kids or independent agencies

We will send you an electronic copy of the welcome book.

I have read or my practitioner has read to me the above and I understand that I am consenting to the following for myself and/or my child/ren:

- Please provide our contact details if guardians have questions about any of these.
- We require these boxes to be ticked.
- ☒ Act for Kids collecting information about me/my children and storing it securely on it's database, including this signed consent which will be copied on each of my/my child/ren's files.
 - ☒ Act for Kids will only store information about me/my children that is relevant to their work
 - ☒ I/my children can ask Act for Kids to see the information recorded about me/them and discuss corrections if they think they are necessary.
 - ☒ If in exceptional circumstances, services or access to my information is denied for legitimate purposes, that the reasons for this and possible remedies will be communicated.
 - ☒ Participating in Act for Kids services is voluntary and I may withdraw or change consent at any time.
 - ☒ I/my children have had the opportunity to ask questions and these have been adequately answered.
 - ☒ This consent is valid for 12 months from the date of signing, or sooner if I withdraw consent.
 - ☒ This consent also includes relevant members of Act for Kids' partner agency, _____ having access to our information through a shared client database.

This consent form (Part A & B) includes the people listed below:

Full Names*	DOB*	Pro-noun	Cultural Identity	Signature (Optional)
[Child Name]	DD/MM/YYYY			

NOTE: Therapy and Education services are required to complete individual consent forms for each person whom we create a record for.

Collecting and Sharing Information - Part B

Please list the organisations and contact people you are happy for us to work with on your/your child/ren's behalf and tick if you agree to us collecting and using (C&U) and/or sharing (S) information about you/your child/ren with the contact people listed.

Your practitioner will discuss which family member the consent to collect, use and share relates to and record these details on the relevant file.

Consent to collect/use and share with the school is required for our service.

Organisation/Contact	Contact details	Relevant person	C&U	S
[School Name]			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Safety (if involved)		[CSO Name]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Paediatrician (if involved)		[Name]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NDIS Providers (if involved)		[Name/Role]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IFS/Family Support Service (if involved)		[Name]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foster/Kinship Carer (if applicable)		[Name/Relationship]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*You can change this list at any time. If the preferences for collecting and sharing information vary by individual, please complete a separate consent form for each person.

Adult client and/or parents/legal guardian signatures on behalf of themselves and children in their care:

Name:	[Parent/Guardian Name]
Role in family:	[Role]
Signature:	[Signature]

Name:	(Second person can be added here. Not mandatory)
Role in family:	
Signature:	

Date form is signed: DD/MM/YYYY (Day / Month / Year)