

22/01/2026

Dear Parent/Carer,

**Introduction to Consent Form (attached) to share student personal information with third parties**

This letter explains why we are seeking your consent to share your child's personal information and informs you about how we will use, record information received and disclose your child's personal information and materials with third party (non-departmental) individuals and organisations. 'Disclose' means giving personal information to another person or entity, or giving them access to the information. This letter outlines:

- what information we use, collect, record and disclose; and
- where and how we will use the materials.

Examples of personal information, which may be used, recorded and disclosed (subject to consent):

- the student's first and last name;
- date of birth and/or age;
- name of their school;
- year level;
- school records;
- observations about the student's behaviours and classroom interactions;
- difficulties or progress;
- academic performance;
- health/medical/therapy reports and assessments; and
- any other information relevant to the stated purpose.

The specific personal information and materials to be covered by the consent are listed in the consent form.

**Purpose of the consent**

The Department of Education, including schools and regional offices (department), needs consent in writing before it uses, records or discloses personal information, or materials, with third party (non-departmental) individuals and organisations. The purpose/s are described in the consent form. The attached form is a record of the consent provided.

**Voluntary**

It is your choice whether to give consent.

**How long this consent will be in place**

The consent form states the duration of your consent. You can withdraw/limit your consent at any time.

We may ask for a new consent form from you if we later identify other third parties, additional personal information, or different purposes that need your consent but are not covered by this consent form.

**Consent may be withdrawn or limited**

You can withdraw your consent at any time. You can also limit consent; i.e. you may wish to limit:

- the information that you agree to be used, collected, recorded or disclosed;
- the proposed purpose/s for which the information is being collected, recorded or disclosed; or
- who that information will be collected, recorded or disclosed with.

If you wish to limit or withdraw consent please notify the departmental contact (specified below) in writing (by email or letter). If you provide an address the contact will confirm the receipt of your request.

### Who to contact

To return a consent form, express a limited consent or withdraw consent please contact the Head of Special Education Services or the Guidance Officer.

Contact the Head of Special Education Services or the Guidance Officer if you have any questions regarding consent.

Kind regards

Jan Drury  
Guidance Officer  
Wellington Point SHS

## Consent form to share student personal information with third parties

This consent form allows the Department of Education, including school and regional staff (department), to communicate with the third parties listed below, including disclosing personal information to and recording personal information received from, those third parties. It authorises the third parties to disclose the personal information and materials (listed below) to the department. Information that is shared will be limited to that listed on this form. Information may be written or spoken.

Parent/carer to complete for students under 18 year of age. Independent students may complete on their own behalf and if under 18 years of age, a witness is required.

|                      |  |               |  |
|----------------------|--|---------------|--|
| This consent is for: |  |               |  |
| Student's name       |  | Date of birth |  |
| State school name    |  |               |  |

**I consent to the following personal information and/or materials of the student being used, recorded, collected and/or disclosed:**

Student's materials, and student's first and last name, date of birth, age, school name, year level as well as other personal information as outlined below:

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**Between department staff and the following third party individuals and/or organisations:**

(for example: where possible please identify the name of the individual AND their organisation/medical practice/business; the name of the government agency; or the name or description of health practitioner or provider such as a medical specialist; psychologist; therapist etc)

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**To be used for the following approved purpose/s only:**

(for example: to discuss support strategies; to discuss personal care requirements)

**Timeframe for consent:**

Consent applies until [insert date – day/month/year] but not longer than 12 months or until you decide to limit or withdraw consent in writing.

**Consent and agreement**

I am (tick the applicable box):

☐ parent/carer of the identified student ☐ the student (if a mature/independent student\*)

*\*Please note - If this box is checked, Department staff should check the student record for documentation of any decision about Gillick competence of the consenting student.*

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

By signing below, I consent to:

- the Department of Education, including school and regional staff (department) recording, using and/or disclosing the personal information and materials to the third parties identified in this Consent Form; and
- authorise those third parties to disclose the personal information and materials to the department for the purposes and durations specified (above) on this Consent Form.

I understand and acknowledge that the personal information and materials will only be accessed by appropriately authorised department staff and disclosed or shared with third parties to which I have provided consent, unless required by law.

|   |             |
|---|-------------|
| <b>Print name of student:</b>                           |             |
| <b>Print name of parent/carer:</b>                      |             |
| <b>Parent/carer signature:</b> .....                    | <b>Date</b> |
| <b>Student mark or signature (if applicable):</b> ..... | <b>Date</b> |

**SPECIAL CIRCUMSTANCES**

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or individual student; or when the consentor is an independent student and under 18 years of age the section below must be completed.

**Statement by person witnessing consent from an independent student**

I have witnessed the mark or signature of an independent student on the consent form. The student has had the opportunity to ask questions. I believe that the student has given consent freely and understands the effect and implications of giving consent.

Print name of witness .....

Signature of witness.....

Date .....

**Statement by the person taking consent – when it is read**

I have accurately read out the explanatory letter and consent form to the potential consentor, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified personal information and materials will be used in accordance with the consent form
2. in accordance with procedures the department will cease using the identified personal information and materials from the date the department receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and consent form, and all the questions asked by the consentor have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consentor.

Print name and role of person taking the consent.....

Signature of person taking the consent.....

Date .....

**Privacy notice**

The Department of Education (the department) is collecting the personal information on this form in order to obtain consent for department staff (including school and regional staff) to use, record and disclose that personal information. The information will be used, recorded and disclosed by authorised department employees for the purposes outlined on the form. Also personal information may be used or disclosed to third parties as authorised in this form or where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the department contact in the first instance.