Counselling Permission Form – Parents/Guardians

Student Name: _____ **DOB:**_____

Year Level/Class: _____

Purpose of Counselling

Counselling provides students with a **safe, supportive, and confidential space** where they can talk about their wellbeing, learning, and emotional needs. Sessions may take place **one-on-one or in small groups**, depending on the student's needs.

The aim of counselling is to:

- Support students' emotional and social development;
- Help students build coping strategies;
- Assist with learning-related challenges;
- Provide a trusted environment to discuss concerns.

Confidentiality

Counselling is **confidential**. This means that information shared during sessions is **not disclosed to others** unless one of the following applies:

- There is a concern for the **safety** of the student or another person;
- There is a **legal obligation** to share information;
- The student provides **informed consent** for specific information to be shared.

Parents and caregivers may receive **general updates** regarding progress or themes being addressed, but **personal details remain private** unless consent is given by the student or a safety issue arises. This aligns with general duty-of-care and child-protection expectations.

Voluntary Participation

Participation in counselling is **voluntary**. Students:

- May choose to engage or withdraw at any time;
- Will never be forced to attend sessions;
- Will always be treated with respect and dignity.

Parent/Guardian 1

Full Name: _____

Relationship to Student: _____

Phone:_____

Email: _____

☐ *I give permission for my child to participate in counselling sessions.*

Signature: _____ Date: _____

Parent/Guardian 2

Full Name: _____

Relationship to Student: _____

Phone:_____

Email: _____

☐ *I give permission for my child to participate in counselling sessions*

Signature: _____ Date: _____

Any other important information: