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Psychologist  
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Department of  
Education & Training

Eastern Metropolitan Region  
29 Lakeside Drive  
Burwood East, Victoria  
Australia 3151

Telephone (03) 9841 0807  
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**PARENT PERMISSION FOR REFERRAL OF STUDENT  
TO A PSYCHOLOGIST**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**School:** \_\_\_\_\_ **Grade/Year Level:** \_\_\_\_\_

**Teacher/Year Level Co-ordinator:** \_\_\_\_\_

**FAMILY DETAILS:**

**Parents**

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Country of birth:** \_\_\_\_\_ **Country of birth:** \_\_\_\_\_

**Address** as above [ ]

**Address** as above [ ]

**other** [ ]

**other** [ ]

**if other:** \_\_\_\_\_  
\_\_\_\_\_

**if other:** \_\_\_\_\_  
\_\_\_\_\_

**Phone: Home:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**OTHER CHILDREN IN FAMILY (Please include ages)**

\_\_\_\_\_  
\_\_\_\_\_

P.T.O.

**ADDITIONAL INFORMATION:** (If relevant)

Please indicate and give details if any specific arrangements apply to your child re:  
(Please tick)

CUSTODY             \_\_\_\_\_  
GUARDIANSHIP     \_\_\_\_\_  
WARDSHIP          \_\_\_\_\_  
ACCESS             \_\_\_\_\_  
OTHER              \_\_\_\_\_

WHAT ARE YOUR CURRENT CONCERNS?

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HOW LONG HAVE YOU HAD THESE CONCERNS?

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FROM WHOM HAVE YOU SOUGHT HELP BEFORE?

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IS ANY OTHER AGENCY OR PROFESSIONAL CURRENTLY INVOLVED?

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I give permission for my child \_\_\_\_\_ to be referred to the Department of Education and Training psychologist. I understand that the psychologist is required to hold student information on confidential files and that information relevant to my child's education may be passed on to appropriate school staff and Visiting Teachers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for the psychologist to conduct an assessment in relation to the above child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This consent can be withdrawn by parents or guardians at any time.  
Such notification needs to be in writing.

## **PRIVACY NOTICE**

### **Who are we?**

The Department of Education and Training funds Psychologists to work with schools to provide a range of assessment and support services for students. This may involve your child being assessed and provided with educational planning services.

### **Why do we collect information about you?**

When you use this service we ask for details about you and your child to work out what assessment and support your child may need to improve their educational outcomes at school. We may also request information from relevant school staff, such as teachers and welfare coordinators.

### **Information is collected so that we can:**

- establish what assessment and support your child requires, and
- provide your child with appropriate educational planning and support services.

If you choose not to provide some information to us this may affect our ability to assist your child.

### **How is my information protected?**

All staff in the Department of Education and Training are required by law to protect your personal information. All information you provide to us is kept securely and confidentially.

### **Who do we share this information with?**

Information about your child's assessment and its outcome will be given to relevant teachers and staff involved in planning for your child's educational needs.

This information will not be released to anyone else, unless we have your consent, or are required to by law.

### **Can you access your information?**

If you have concerns about your privacy or any aspect of our services, please let us know.