

# Consent to Child Counselling

## Instructions:

- Before providing consent, please read the "Information for Parents" Information Sheet, to best inform you of risks and responsibilities before consenting.
- Complete Section 1 and read Section 2 if applicable.
- Sign the form.

## Introduction for Parents / Guardian

It is Relationships Australia Queensland's (RAQ) policy to ensure parental or guardian consent is obtained before a child/ren (or a dependant and under the age of 18 years) attends an individual session with a Practitioner.

Children will be encouraged and supported by Practitioners, to share any important concerns raised in sessions with their parent(s)/guardian(s), providing this does not compromise their safety, or the safety of others. Practitioners will provide parents/guardians with a brief summary of topics covered in session.

In signing this form, we ask the Parents/Guardians to understand that the service we offer child/ren also respects their right to privacy, except in situations where a child is at risk of serious harm or abuse. In those situations, children would be made aware that adults would need to be informed of the situation.

## Children's Details

Child's Full Name	Date of Birth	Gender
1.		
2.		
3.		
4.		

## Section 1. Consent

I am the Parent or Guardian of the named child/ren and **give my consent** for the child/ren to:

*Please select one or both*

- Meet with an RAQ Practitioner without a parent or guardian present, and/or
- Attend a child focused group

## Section 2. Consent if parents are separated or when only one parent is requesting counselling

I also agree to provide to the other parent/guardian a copy of the Consent to Child Counselling form. If the other parent/guardian does not provide their consent, I accept full responsibility for providing consent for the named child/ren to attend counselling and I understand that RAQ is not able to provide any information to the other parent / guardian on my behalf.

# Consent to Child Counselling

## Agreement and Signature

I understand and agree to the above, and to the following:

- I have read the *Information for Parents* Information Sheet.
- That the Practitioner will encourage my child to share with me any important concerns raised in the session.
- That my child has a right to privacy. The Practitioner will maintain the child/ren's confidentiality unless there is some indication of risk of serious harm or abuse.

<b>Parent /Guardian Name</b>			
<b>Parent/Guardian Signature</b>		<b>Date</b>	
<b>Parent /Guardian Name</b>			
<b>Parent/Guardian Signature</b>		<b>Date</b>	

## Verbal Client Agreement and Consent

*Verbal client consent should only be used where it is not practicable to obtain written consent.*

Only Verbal Client Consent provided

I have discussed the required information on this form with the client or their authorised representative. I am satisfied that the client (or their representative) understands the information in this document and has provided their agreement and consent.

<b>Practitioner Name</b>		<b>Date</b>	
<b>Practitioner Signature</b>			