

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 (RAQ) Limited’s 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.

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.

Parent /Guardian Name

Parent/Guardian Signature

Date

Parent /Guardian Name

Parent/Guardian Signature

Date

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.

Practitioner Name

Date

Practitioner Signature