

EAP Consent Form 2

This form is used to record consent for the school to collect information to assist in determining the student's eligibility for and participation in the Education Adjustment Program (EAP).

EAP is a Department of Education (DoE) process for identifying and responding to the educational needs of students with disability. Adjustments are made for students with disability to enable them to access the curriculum, achieve curriculum outcomes and participate in school life.

The EAP process initiates an ongoing cycle of documented data collection, planning, program development, intervention, evaluation and review.

Privacy Statement

Independent Schools Queensland (ISQ) collects, uses and discloses student's personal information in accordance with the confidentiality provision in s.426 of the Education (General Provisions) Act 2006 and the Australian Privacy Principles Schedule 1 Privacy Amendment (Enhancing Privacy Protection) Act 2012. Information on the student's medical, developmental and educational status and history is being collected, used or disclosed for the purpose of the Education Adjustment Program. The information will be kept in a secure location and will only be accessed by relevant Independent Schools Queensland personnel. Student's information will not be given to any other person or external body unless consent has been provided or Independent Schools Queensland is permitted or required by law to use or disclose such information. Information given to the professionals or agencies listed below is for the purpose of informing their professional service to the student.

Student Details

Last Name		Date of Birth	
First Name		Gender	
School		Year Level	
Parent		Home Phone	
General Practitioner			
Contact Details			
Medical Specialist			
Contact Details			

OTHER AGENCIES OR PROFESSIONALS (Supporting the student)

	Agency / Professional	Contact Person	Contact Details
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

The school team should ensure that the parents and student (as applicable) are supported to understand the EAP process.

Consent

I give consent for:

- Independent Schools Queensland (ISQ) to collect personal information for the purpose of the Education Adjustment Program
- the school to share relevant personal information with advisory/specialist teachers and therapists for the purpose of the Education Adjustment Program
- the school to share relevant personal information with the student's general practitioner and medical specialist (as listed above) for the purpose of the Education Adjustment Program
- the school to share relevant personal information with agencies or professionals listed above for the purpose of the Education Adjustment Program
- the agencies or professionals listed to report to the school with diagnostic information and information to support educational planning
- participation in the EAP review processes (verification, review and validation) according to review date/s specified or at my request
- the school to disclose information recorded on EAP Verification Form/s and relevant attachments and the completed EAP to the Department of Education (DoE) and the data to be recorded on the DoE record management system
- DoE to provide to ISQ and/or the school, data recorded on the DoE record management system containing summary details of my child's demographics, enrolment history and disability verification when requested by relevant ISQ officers. This is to assist ISQ in identifying, coordinating and confirming the support provided by DoE Advisory Visiting Teachers (AVT).

Parent Name			
Parent Signature	sign here	Date	
Student Name			
Student Signature	sign here	Date	
School Representative Name		Position	
School Representative Signature	sign here	Date	

If the principal decides that the student is capable of giving their own informed consent, students are also required to sign this consent form, preferably in addition to the parent/carer signature.

Note:

1. **The original of this form is to be kept in the student's school file with all verification documents.**
2. **A copy of this form must be scanned and emailed with all scanned verification documents to: Independent Schools Queensland at verification@isq.qld.edu.au.**
3. **Records relating to the application will be retained by Independent Schools Queensland for seven years after the named student leaves school. At that time, the records will be destroyed.**
4. **ISQ has an arrangement for DoE to provide EAP services for eligible students with hearing, physical and/or vision impairment in independent schools. These services are outlined in the EAP Handbook. <http://education.qld.gov.au/students/disabilities/adjustment/validation/docs/eaphandbook.pdf>**
5. **Information will remain confidential and will not be disclosed without explicit permission.**