



EAP Consent Form

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 process for identifying and responding to the education needs of students with disabilities. Adjustments are made for students with disabilities 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, EAP Profiles, evaluation and review.

Privacy Statement

Villanova College collects, uses and discloses student's personal information in accordance with the confidentiality provision in 2/426 of the Education (General Provisions) Act 2006. 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. This information will be kept in a secure location and will only be accessed by relevant College personnel. Student's information will not be given to any other person or external body unless consent has been provided or the College is permitted or required 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

<p>Last Name</p> <p>First Name</p> <p>Year Level</p> <p>Parent Name</p> <p>Home Address</p> <p>General Practitioner</p> <p>Medical Specialist</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>Date of Birth (dd/m/yyyy)</p> <p><input type="text"/></p> <p>Gender</p> <p><input type="radio"/> Male</p> <p>Home Phone</p> <p><input type="text"/></p> <p>Contact Details</p> <p><input type="text"/></p> <p>Contact Details</p> <p><input type="text"/></p>
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Other Agencies or Professionals

Agency/Professional	Contact Person	Contact Details

First Name:

Date of Birth:

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

Consent

I give consent for:

- the school to collect personal information for the purpose of the Education Adjustment Program
- the school to share relevant personal information with Villanova College Learning Enrichment Program Leaders, advisory, visiting and specialist teachers and speech pathologists 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 process (verification and EAP profile) according to review date/s specified or at my request
- the non-state school to disclose information recorded on EAP Verification Form/s (and relevant attachments) and completed EAP profile/s signed by the Principal to the Department of Education, Training and Employment (DETE) and the data to be recorded on the DETE record management system
- DETE to provide to QCEC and/or the non-state school, data recorded on the DETE record management system containing summary details of my child's demographics, enrolment history, disability verification and profile when requested by relevant QCEC officers. This is to assist QCEC in identifying, coordinating and confirming the support provided by EQ Advisory Visiting Teachers to my child. **

Parent Name	<input style="width: 100%;" type="text"/>		
Parent Signature	<input style="width: 300px; height: 25px;" type="text"/>	Date (dd/m/yyyy)	<input style="width: 150px; height: 25px;" type="text"/>
Student Full Name	<input style="width: 100%;" type="text"/>		
Student Signature	<input style="width: 300px; height: 25px;" type="text"/>	Date (dd/m/yyyy)	<input style="width: 150px; height: 25px;" type="text"/>
School Representative Name	<input style="width: 250px; height: 25px;" type="text"/>	Position	<input style="width: 150px; height: 25px;" type="text"/>
School Representative Signature	<input style="width: 250px; height: 25px;" type="text"/>	Date (dd/m/yyyy)	<input style="width: 150px; height: 25px;" type="text"/>

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's signature.

**The original of this form is to be kept in the student's school file.
It is not necessary to submit a copy of the form to the EAP Verification Team.**

** QCEC has an arrangement for DETE to provide EAP services for eligible students with hearing, physical and/or vision impairment in Catholic schools. These services are outlined in the EAP Handbook which can be accessed at <http://education.qld.gov.au/students/disabilities/adjustment/validation/doc/eaphandbook>

DETE will only use this important information for the purpose outlined above. Information will remain confidential and will not otherwise be disclosed or used by DETE without explicit permission.

First Name:

Date of Birth: