

Appendix 4: Consent Forms

 NSW Health	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
	ADDRESS	
WELLBEING NURSE REFERRAL		
LOCATION / WARD		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
Reason for referral		
<input type="checkbox"/> Accommodation/homelessness <input type="checkbox"/> Alcohol and/or drugs		
<input type="checkbox"/> Behavioural <input type="checkbox"/> Bullying		
<input type="checkbox"/> Family/peer relationship <input type="checkbox"/> Learning difficulty		
<input type="checkbox"/> Mental/emotional health issues <input type="checkbox"/> Personal safety		
<input type="checkbox"/> Physical health <input type="checkbox"/> Not meeting developmental milestones		
<input type="checkbox"/> School non-attendance <input type="checkbox"/> Sexual health		
<input type="checkbox"/> Social support		
<input type="checkbox"/> Other (specify) _____		
List relevant history/diagnosis/assessments that might relate to this referral.		

Is the child/family receiving any health/social services supports that may be relevant to this referral (e.g., school counsellor, NDIS, Department of Communities and Justice)?		

What supports/outcomes are being requested from the Wellbeing Nurse?		

Referrer Details		
Full name:		
Position:		
School / Organisation:		
Phone number:		
Email address:		
Signature:	Print and Sign	Date: DD / MM / YYYY

○ Hides Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

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SMR010270



Appendix 4: Consent Forms

 SMR020280	 NSW Health	FAMILY NAME	MRN	
	Facility:	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		D.O.B. ____/____/____	M.O.	
		ADDRESS		
		LOCATION / WARD		
WELLBEING NURSE CONSENT COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				
The Wellbeing Nurse helps students and their families to: <ul style="list-style-type: none"> • Identify their health and wellbeing needs • Connect them to health and community services they need • Understand information about their health care to make decisions and act on it. The Wellbeing Nurse requires consent from the parent/guardian/carer/student before help can be given. (A student must be aged 14 years and older to give consent).				
To be completed by a parent/guardian/carer/student		(Please tick and print clearly)		
I give consent for the Wellbeing Nurse to:				
• Carry out health and wellbeing assessments on my child/me as required		<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Refer my child/me to other health and/or social services for support as required		<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Share information about my child/me with school staff involved in my child's/my support		<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Share information about my child/me with prescribed bodies (agencies or organisations that have responsibility for the provision of services to children) to assist in my child's/my care.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have viewed the NSW Health Privacy leaflet https://www.health.nsw.gov.au/patients/privacy/Pages/privacy-leaflet-for-patients.aspx or We keep it Zipped (https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/confidentiality-resources.aspx) and understand my child's health/my information will not be shared unless needed to help in my child's/my care				
Full name:				
Signature: Print and Sign		Date: ____ / ____ / ____		
Relationship to student: <input type="checkbox"/> Parent/guardian <input type="checkbox"/> I am the student				
Student Details				
Family name:		Given name:		
Date of birth: ____ / ____ / ____		Medicare number: □□□□□□□□□□/□		
Home address:				
Name of school:		Year level:		
Telephone/mobile:				
Parent/Guardian/Carer Details				
Family name:		Given name:		
Home address:				
Telephone/mobile:		Email address:		
To be completed by Wellbeing nurse		(Please tick and print clearly)		
I have obtained verbal consent from the <input type="checkbox"/> parent/guardian/carer <input type="checkbox"/> student		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I have provided them with the information contained within this consent form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I have assessed the student to be a minor with the capacity to give consent (mature minor)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Full name:		Signature: Print and Sign		
Designation		Date: ____ / ____ / ____		

WELLBEING NURSE CONSENT

SMR020.280

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