

HOLY EUCHARIST CATHOLIC PRIMARY SCHOOL

1a Oleander Drive, St Albans South VIC 3021.
(Entrance via Chedgey Drive)
Phone 8312 0900



SCHOOL COUNSELLOR PERMISSION - ONLINE SERVICE

Holy Eucharist Primary School has a counsellor who works onsite for 2 days each week. The role of the counsellor is to be available to parents/guardians, students and teachers who seek advice or assistance with family, social or behavioural issues. Parents/guardians may request an interview with the counsellor or a teacher may refer a child. In the case of teacher referral, parents/guardians are contacted and their permission sought. Generally, primary aged students do not refer themselves to the counsellor without parental/guardian consent. Please note that this service provided by the school, is free of charge.

The role of the school counsellor is to talk to the children when they have a problem that they would like help with. Sometimes these problems are big. The counsellor will speak with these children a few times over a school term. Sometimes, these problems are small and children will only speak with the counsellor only once.

The school counsellor employed at Holy Eucharist School is:

Mr Edward Faraci

Edward, Faraci@hestalbanssth.catholic.edu.au

In order for children to be able to access this service, <u>it is important for families to sign an annual permission form.</u> Signing this form gives children an opportunity to speak with the school counsellor only if there is a need for them to do so.

Please note that signing this form DOES NOT mean that your child will automatically see the counsellor. This signed form will mean that all children at Holy Eucharist will be able to come and talk to the counsellor if they feel the need to do so at a future time or if a staff member would like the counsellor to speak with them.

During the COVID-19 pandemic, staff at the school have spent an enormous amount of time and energy planning for flexible and remote learning. In this situation, the school has a responsibility to provide care and supervision of programs for students. Particular consideration is given to those students who are at risk/vulnerable and to those children whose parents/guardians work for essential services.

Therefore, the school counsellor has organised online counselling sessions with students via Google Meet, should they require this service.

In order for this to happen:

- 1. Parents/guardians need to email the school counsellor directly, requesting an online counselling session for their child.
- 2. The counsellor will reply and negotiate a suitable time for the session.
- 3. Contact will be made at a negotiated date and time and the parent/guardian will need to advise the counsellor via email whether they would prefer a voice call or a video call using Google Meet.
- 4. Prior to any session, the counsellor will need to speak to the parent/guardian first. If the parent/guardian has no English they will be required to say a quick "hello" with the counsellor. This ensures that parents/guardians are aware that their children are online with the counsellor.
- 5. The counsellor can then speak to the child the parent/guardian needs to be around whilst the counsellor is speaking to the child.

- 6. If parents/ guardians are not available to attend the session, they will be required to send an email with an alternate day and time.
- 7. Future Sessions can be agreed upon at the conclusion of the first session. If sessions are weekly, parents will receive an automatic email with a link that they will be required to click "Accept".
- 8. Counselling sessions online will not be recorded.

If you agree with the above terms and conditions and give permission for:

- a) Your child to meet with the School Counsellor,
- b) The school counsellor to meet with a staff member regarding your child,

Then, please fill in the parent/guardian consent form below.

Mr Jeffrey Parker

Principal

jeffrey.parker@hestalbanssth.catholic.edu.au

CONSENT FORM

NAME OF STUDENT:	
DATE OF BIRTH:	
GRADE:	
LANGUAGES SPOKEN:	
I give permission for my child to meet online with the School Counsellor if my child, a staff member or I make this request	
	YES NO
SIGNED:	
DATE:	
NAME OF PARENT/GUARDIAN:	
MOBILE NUMBER:	
PARENT'S EMAIL ADDRESS:	
STUDENT'S EMAIL ADDRESS:	