Parental Permission For Chaplaincy Service

Dear Parent/Caregiver

Your child has either requested, or a teacher or specialist worker has suggested, that your child be referred to our School Chaplain.

My name is Samantha Bond and I am currently Gaven State School’s Chaplain. I am a fully qualified Youth Worker and I am available every Monday and Tuesday to any child, parent or staff member who might require my service. It is my job to support the community of Gaven State School in any way I can and to support the services of our school’s professionals such as the school Guidance Counsellor. I work in a more mentoring role, friend, confidante, working through feelings and minor behavioural issues. I help them with strategies to solve problems and teach social skills. If appropriate, I also can answer questions anyone may have in regards to spiritual care or just curiosity in that area.

In order for me to work with the utmost integrity it is important to me to be respectful of your particular views and or beliefs. I am not here to push my personal beliefs onto anyone.

Would you please indicate by checking the boxes below how you would like me to work with your child.

Yours sincerely

Samantha Bond
School Chaplain

Sandra Thompson
Deputy Principal

Permission Form – Gaven State School Chaplaincy Service

I do give / do not give permission for my child ___________________________ to spend time with the School Chaplain for as many times as are necessary to help my child with his/her current issue within the following context..

☐ My child is an R.E student so I am happy for him/ her to talk about any related topic if it happens to come up.
☐ I am happy for my child to speak about God in general and biblical values such as integrity, honesty, forgiveness etc
☐ I am happy for any questions my child may have regarding God or Jesus to be answered by the chaplain.  
    (it would be answered as ‘well I believe….” NOT as ‘this is how it is…”)
☐ Our family has no particular faith and we are open to our child exploring their own path to faith if any.
☐ I do not give consent for the student to participate in activities with religious or spiritual content

Please briefly explain your family’s faith base if any so I can do my best to speak with your child on their page....

__________________________________________________________________________

__________________________________________________________________________

_______________________________
Signature of Parent/Caregiver:

_______________________________
_______________________________

Date: