Information Access Permission Form (EASP)

Brisbane Catholic Education
teaching · challenging · transforming

In accordance with the Enrolment Application and Support Process for Students Requiring Educational Adjustments and the Brisbane Catholic Education Privacy Statement, permission is given by the parent/legal guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either verbally or via documentary material or reports) about the student.

I, (Parent/Legal Guardian) hereby authorise and direct *(Principal/School Representative)* to collect information (either verbally or via documentary material or reports) from the following organisations/personnel who may hold relevant information in relation to the child.

Student Name: **Date of Birth:**

Current School or Setting			
Organisation			
Personnel		**Contact Details**	

Medical			
General Practitioner			
Organisation			
Personnel		**Contact Details**	
Paediatrician			
Organisation			
Personnel		**Contact Details**	
Psychiatrist			
Organisation			
Personnel		**Contact Details**	

Additional Services			
Speech Pathology			
Organisation			
Personnel		**Contact Details**	
Occupational Therapy			
Organisation			
Personnel		**Contact Details**	
Physiotherapy			
Organisation			
Personnel		**Contact Details**	
Psychologist			
Organisation			
Personnel		**Contact Details**	
Guidance Counsellor			
Organisation			
Personnel		**Contact Details**	
Advisory Visiting Teacher			
Organisation			
Personnel		**Contact Details**	
Other			
Organisation			
Personnel		**Contact Details**	

☐ I understand and acknowledge that the information will be shared and stored by Brisbane Catholic Education strictly for the purpose of enrolment application.

Signature: **Date:**