



## Settlement Worker in Schools (SWIS)

### Consent & Referral Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DD/MM/YYYY

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Contact: \_\_\_\_\_  
Phone Number Email

School's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

I, \_\_\_\_\_ (Parents/Guardian/Student over 16), give consent to a worker from the SWIS program to work individually and in a group setting with the above named student. I understand that I have the right to refuse involvement with the SWIS program at any time, and I also have access to see the student's SWIS file/records at any time. I also understand that all the interactions with the SWIS worker are confidential unless there is suspected or explicit evidence of harm to the student or others. I give consent to the SWIS worker and the school board to exchange information and/or documents to assist the above-named student with their settlement needs in the school.

**I agree to the services provided by SWIS and this consent is granted for up to three school years from the date of signing.**

X

\_\_\_\_\_  
Signature  
Parents/Guardian/Student over 16

X

\_\_\_\_\_  
Date