Initial Informed Consent Discussion Checklist

	XXXX Region	XXXXX District Office		ovt.nz	
Child or young person's name As a parent/guardian I have h			Parent/Legal Guardian (Child/Young Person as appropriate)	Practitioner checklist	
 The services the Ministry of Education provides and the names and roles of those people who may be working with my child. 					
2. The assessment and intervention options that may be available for my child, and their purpose.					
 3. How information about services or any changes will be communicated, including; assessment processes frequency or type of service the people working with my child. 					
4. The right to decline services offered for my child and the right to withdraw consent to the services at any time.					
 5. Information storage, including; what happens to any records about my child held by the Ministry of Education the process for accessing information held by the Ministry of Education. 					
6. The sharing of information with others and the Ministry's Privacy Statement – why the information is needed and who it will be shared with.					
7. How to make a complaint about	services.				
PRIVACY STATEMENT The Ministry of Education collects personal info s also used for quality assurance purposes to in Ministry of Education (PO Box 1666, Wellington) childhood education provider, but is not shared to to provide any personal information but we correction of personal information held by the	nprove the quality of services provided in a national database or sometimes I with other agencies except where nec e may not be able to provide the most	d, and for associated administrative and accour paper files at local Ministry offices. Information cessary for the provision of services, or as author	ntability purposes. The infor n may be shared with your o prised or required by law. It	mation is held by the child's school or early is not compulsory for	
Parent/Legal Guardian (please sign to show that you have inderstood how services will be provided and personal information used)			Practitioner (please sign to show that a discussion has taken place about the above items)		
Name:		Name:			
igned:		Signed:			
Dated:		Dated:			