



## Consent Form

Kia Ora Ake is a free, school-based hinengaro wellbeing service

I give consent for our child / tamaiti / mokopuna to have contact with Kia Ora Ake to receive hinengaro wellbeing support through

☐ Individual and whanau support

☐ Small group work at school

### Wellbeing, Consent and Safety Information:

*We are committed to creating a safe, supportive space for your tamariki where their wellbeing and voice are respected. The points below explain what whaanau can expect and how we ensure safety and transparency throughout the programme.*

### By signing this form, I understand that:

- Participation in the programme is voluntary. I can ask questions, update information, or withdraw my consent at any time.
- The programme will be explained to my tamaiti in an age-appropriate way. Their voice and understanding are important.
- Personal information will be stored securely and used only for programme related purposes, respecting privacy and confidentiality. You can request copies of information Kia Ora Ake holds about your child. To discuss this, contact your Kia Ora Ake provider.
- If wellbeing concerns arise that may impact my tamaiti or others, kaimahi will communicate with me.
- If there are concerns for the safety my tamaiti, kaimahi may follow tamaiti protection protocol and seek additional support where needed.
- Kia Ora Ake is funded by Te Whatu Ora. If information needs to be shared with other services to ensure appropriate support, this will be discussed with whaanau, and consent will be sought where possible.
- Some sessions may include shared kai (food). I will provide information about any food allergies or dietary requirements below to ensure the safety of my tamaiti.

**Please list any food allergies, intolerances, or dietary needs:**

---

---

---



### Consent to Engage:

I give permission for my tamaiti / tamariki / mokopuna to participate in a Kia Ora Ake wellbeing programme and to receive hinengaro wellbeing support as described above.

Please Tick      YES      ☐      NO      ☐

### Consent for Photographs

I hereby grant permission for Kia Ora Ake kaimahi to take photographic images of my child for the purposes of sharing information or promoting activities related to Kia Ora Ake e.g. to use in brochures to share with other whaanau and schools &/or for schools to use in their newsletters for activities that are related to Kia Ora Ake.

Please Tick      YES      ☐      NO      ☐

### Email Updates:

You may receive occasional email updates featuring highlights and learning growth of your tamaiti / tamariki with some additional resources to support the ongoing progress of their wellbeing journey. By providing your email, you agree to receive these updates.

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to child/tamaiti /mokopuna: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_