



Theresa Nuzzo School
Kindergarten & Primary



Secretariat for Catholic Education,
16, The Mall, Floriana FRN 1472
Tel. No. 27790060 Fax No.
27790078

SFCE-GDPD-002-102018 - Student Wellbeing and Sensitive Data Processing Form

Kindly be advised that due to the sensitive data this Form (SfCE-GDPD-002-102018) may contain, it is to be considered as separate, yet complementary to **SFCE-GDPD-001-102018 - Student Registration and Consent Form**. This enables better compliance to the different parameters governing personal and sensitive data, especially further restricted access and specified retention period (which for sensitive data will never exceed a week following the termination of the student's enrolment).

A. Student's Details			
Name		Surname	
Identity Card Number		Date of Birth	Nationality
Address			Post Code

B. Emergency & Medical Details	
Medical Condition/s of the student that the school should be informed about	
Any precautionary and/or intervention measures required from the school <i>(these may need to be discussed further)</i>	
The School may allow authorised Medical professionals from the Ministry for Health to screen your son/daughter as part of prevention programmes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any exceptions or remarks on the above consent	

Whenever required the school will contact the parent/s or guardian/s to inform about instances which require some form of medical attention. Nevertheless, in ensuring prompt action as may be necessary, the school is seeking authorisation to:

Administer Paracetamol	Yes <input type="checkbox"/> No <input type="checkbox"/>	Give First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Take the student to hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Emergency Contact <i>(In case parents/guardians may not be reached)</i>	
		Relationship with Student	
		Telephone of Emergency Contact <i>(Contact's consent is to be sought by parents/guardians)</i>	

Any other information that needs to be shared with the school:

_____	_____	_____
Signature – Parent/Guardian 1	Date	Signature – Parent/Guardian 2
_____	_____	_____
Identity Card Number		Identity Card Number

C. Processing of Sensitive Data and Psycho-Social Professionals

The school is authorised to:

1. Store the student's sensitive personal data, including his/her medical information, reports from other professionals, statement of needs, Individual Educational Programme (IEP) documents, and recordings of sessions related to the student. The sensitive personal data is only retained until the student is enrolled at this school and will be destroyed within one week of such termination.
2. Share sensitive personal data with the below psycho-social professionals employed by the School and/or the Secretariat for Catholic Education, who render service at the School:

<table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; padding: 2px;">Psychologist</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Social Worker</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Counsellor</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Psychotherapist</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Youth Worker</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">SEBD* Support Team</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> </table>	Psychologist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Social Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Counsellor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Psychotherapist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Youth Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	SEBD* Support Team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; padding: 2px; text-align: right;">Play Therapist</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px; text-align: right;">Dyslexia Support Team</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px; text-align: right;">Head of Department (Inclusion - INCO)</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px; text-align: right;">Occupational Therapist</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; padding: 2px; text-align: right;">Autism Support Team</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr> </table> <p style="text-align: center;"><i>*SEBD – Social Emotional Behaviour Difficulties</i></p>	Play Therapist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Dyslexia Support Team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Head of Department (Inclusion - INCO)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Occupational Therapist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Autism Support Team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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The school is authorised to:

3. Allow the student to attend individual sessions on voluntary basis with Psycho-social professionals employed by the school and/or the Secretariat for Catholic Education rendering service at the school whenever the student feels the need for such service:

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All the professionals at school, particularly but not limited to those mentioned above, collaborate closely with parents and guardians when in contact with the student.

4. Confidentiality towards the student will be guaranteed by all the Parties involved with the student and other professionals providing the student with services that deal with personal issues, unless there is a risk of harm to self or others, and this to protect the student's confidentiality and best interest.
5. Irrespective of Clause C (3), professionals will still be involved **with or without** the parents /guardians consent in the situations stated below:

i. Patterns of absenteeism	ii. The student's safety and well-being is at risk
iii. The student's behaviour is a serious threat to others' safety and well being	iv. Students with a statement of needs are automatically followed by the Head of Department – Inclusion
v. Youth workers interact with the students, in non-formal activities individually or as a group during school hours and other non-formal activities organised after school hours by the school	
6. School's Senior Management Team and /or teaching staff may consult with psychosocial and other professionals on specific students without parents' consent.
7. The professionals may carry out class observations and give general recommendations to the teacher and the Learning Support Educator (LSE).
8. Psychologists, Occupational Therapists, Autism Support Team and Dyslexia Support Team will provide parents/guardians with a separate consent form to carry out **individual assessments** with the student.

As per SfCE-GDPD-001-102018, the school is committed to destroy all sensitive data pertaining to the student within one week of termination of the student's education at our school.

_____ Signature – Parent/Guardian 1**	_____ Date	_____ Signature – Parent/Guardian 2**
_____ Identity Card Number		_____ Identity Card Number

***Both signatures are required. One signature will only be deemed acceptable in exceptional circumstances.*