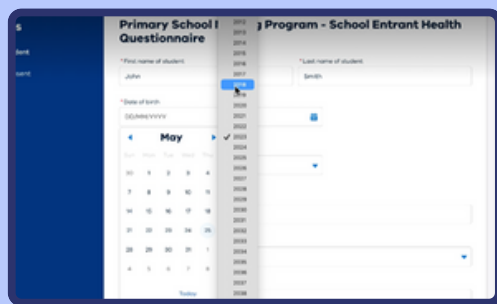


How to complete the School Entrant Health Questionnaire.

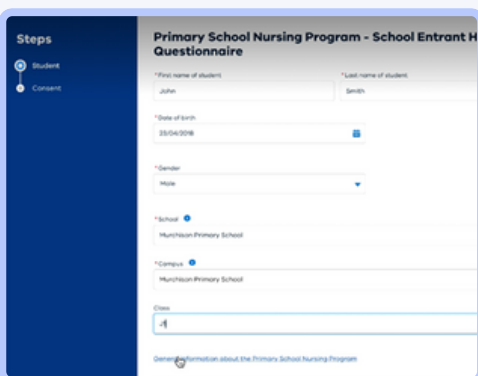


‘Register as a user’.

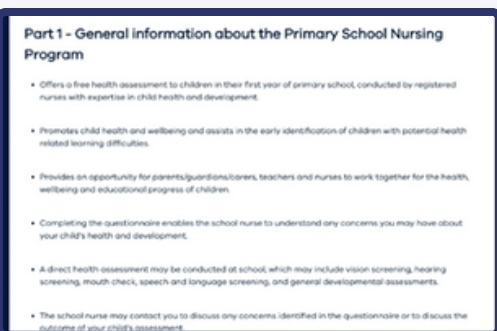
- Follow the steps outlined in the ‘**Steps to register as a parent/carer to complete the School Entrant Health Questionnaire**’ guide if you need assistance with this step.
- Once registered you will be directed to this page. You can return to this page as needed, work on a health questionnaire you have saved but not submitted or to view your submitted health questionnaire.
- When you are ready to complete a health questionnaire, press **START**



Enter the details as requested. The first page is all about your child.

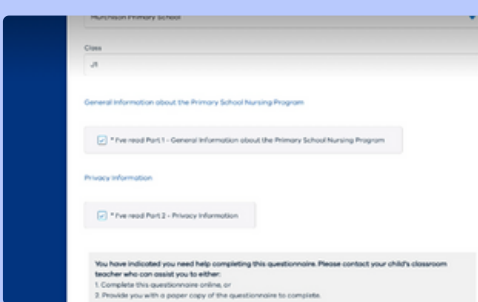


- You will be asked to enter **your child’s school** and **campus**. If your school does not have multiple campuses, then please enter both fields with the school name.
- Type the first few letters and allow the school name/campus name to show up. Select school. Follow the same steps for campus. Select campus.
- Select the class your child is in.



There are two pieces of information on this page for you to read.

- 1) General information about the Primary School Nursing Program and
- 2) Privacy Information.



Once you have read the information, mark the boxes provided

Steps

- Student
- Consent

Part 3 - Consent form

Name of the Child: John Smith School Name: Murchison Primary School

I confirm the following:

- I have read Part 2 and 3 of this Primary School Nursing Program Information.
- I have the information I need to make an informed decision about the offer of a School Nurse conducting a health assessment of my child.
- I understand how the child's personal information and health information, obtained from this survey and from any health assessments conducted, will be collected, used and disclosed within the department, and stored and retained by the Department in accordance with the Health Records Act 2001 and Public Records Act 1991.
- I understand that I may withdraw my consent for my child to participate in the Primary School Nursing Program at any time.

Who may sign this School Entrant Health Questionnaire (SEHQ) Consent form on behalf of a child?

One of the following people can sign this form:

- A person with parental responsibility for "major long term issues" as defined in the Family Law Act 1975 (FLA)
- A person designated as "parent" under the Children, Youth and Families Act 2005 (CYF)

If neither of the above people are available, an informal carer may sign this form. An informal carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. Informal carers should sign an Informal Carer Industry Declaration.

Withdrawing consent

You may withdraw consent to your child receiving services under the Primary School Nursing Program at any time, by writing to your child's Primary School Nurse. Before withdrawing consent, we recommend discussing this first with school staff or the School Nursing Program Manager for your region. Withdrawing consent means that services under the Primary School Nursing Program will cease from the time the Primary School Nurse receives the withdrawal. Where there are safety concerns or risks, other activities may occur.

For more information, please contact the School Nursing Program Manager at your local regional department office, locations (see www.vic.gov.au/office-locations-department-education), are listed on the last page.

Please select one of the following options:

☒ I **CONSENT** to the School Nurse conducting a health assessment of my child. If required this may include checking my child's vision, hearing, speech and teeth.

☐ No - I **DO NOT** consent to the School Nurse conducting a health assessment of my child.

Your first name: Parent Your last name: Text

Relationship to child: Relationship to child

Read and complete the **CONSENT** form. You have three options

- 1) Yes consent
- 2) No consent but complete the form
- 3) No consent, do not complete the form and submit your response

Steps

- Student
- Consent
- Child and School
- Parent/Guardian
- Child's Family
- Child
- General Health
- General Development
- Strengths and Difficulties
- Oral Health, Speech/Language, Vision
- Parental Health, Family Events
- Family Issues
- Review

Part 4 - School Entrant Health Questionnaire

About your child

What is your child's family name? Smith What is your child's given name? John

What is your child's gender? Male

What is your child's date of birth? 25/04/2018 How many weeks did the pregnancy last? 36

Where does your child usually live?

Street Address: 123A-123B Station Street, CARLTON VIC 3053

☐ Enter Primary Address Manually

About your child's school

What is the name of the school that your child attends/attended during 2022? Murchison Primary School

Campus: Murchison Primary School Class: J1

What is the address of your child's school? 8 - 10 Impary Street

- Continue working through the health questionnaire.
- Only questions marked with a * are mandatory fields.
- You may choose to respond or not respond to other questions.

Steps

- Student
- Consent
- Child and School
- Parent/Guardian
- Child's Family
- Child
- General Health
- General Development
- Strengths and Difficulties
- Oral Health, Speech/Language, Vision
- Parental Health, Family Events
- Family Issues
- Review

Review

Please review all of your responses carefully. You will NOT be able to make any changes once you submit the questionnaire.

Consent

Your first name: Parent Your last name: Text

Relationship to child: Parent

☒ I **CONSENT** to the School Nurse conducting a health assessment of my child. If required this may include checking my child's vision, hearing, speech and teeth.

[Edit Section](#)

About your child and school

[About the parent/guardian completing this questionnaire](#)

About your child's family

Who does your child usually live with, in the household that they spend the most time? (Please select all boxes that apply)

Both parents

Are the child's parents separated? No

Siblings

Name	Age
Brother	Age 12
Sister	Age 12

Parent

Is this the mother, father or other? Mother What is parent's date of birth? 06/04/1988

- Once you have completed every section you will be taken to a review page where you can **REVIEW** your answers and **EDIT** any sections you want to change
- Once you have reviewed your responses and are happy with your answers, press **SUBMIT**

Welcome to the Primary School Nursing Program

School Entrant Health Questionnaire

This is a confidential health and wellbeing questionnaire offered to all parents/carers of students in their first year of school. Completing this questionnaire helps to identify any health, wellbeing, or developmental concerns you have about your child which may impact on their education.

[Start](#) [Learn More](#)

My Questionnaires

Questionnaire	Status	First Name	Last Name	School	Last Modified
GHF-230525003	Submitted	John	Smith	Murchison Primary School	25 May

- If you would like to review your answers, please click on the Questionnaire number.
- If you have started and saved a health questionnaire you will also locate it here with a status of **DRAFT**
- If you click on the questionnaire number for a health questionnaire in **DRAFT** status you will be able to continue to complete that questionnaire.