 **Level 2 Consent Form to observe child in ECE service**

|  |  |  |
| --- | --- | --- |
| **Parent/guardian consent to work with a child**  During the year [candidate’s name] …………………………………………………………………… will be studying NZQA unit standards towards the NZ Certificate in Early Childhood Learning and Care [Level 2]. This requires working with a child under supervision. | | |
| Candidate; please tick below which practical assessments you will be completing across the year. | **Parent/guardian; please initial the activities you agree to your child participating in across the year.**  **\*See notes below.** | |
|  | **Initial** |
|  | **29858**  I agree to the candidate named above implementing two play experiences with my child in the presence of me or someone nominated by me. |  |
|  | **29856**  I agree to the candidate named above demonstrating care practices with my child.  I understand that I or a person nominated by me will supervise the candidate.  Care practices could include:   * nurturing [comforting, soothing] * communicating [while playing, during care routines or to invite cooperation] * feeding [this may involve making the food, warming the food, serving the food/helping the child eat] * dressing [choosing suitable clothes, putting them on the child or helping the child]. I understand that a nappy [if required] must be put on the child by myself, or a person nominated by me, prior to the candidate commencing dressing * settling to sleep [preparing the sleep space, placing the child in bed, settling] |  |
|  | **29860**  I agree to the candidate named above initiating or joining in with the play of my child to develop a respectful, reciprocal and responsive relationship. |  |

|  |
| --- |
| \*I give my consent for [child’s name] …………………………………………………………………. to participate in the activities as indicated. I understand I have the right to ask questions, and that I have the right to withdraw my consent at any time. I have been advised that any information gathered will remain confidential to the named candidate, the course teacher/assessor/moderator, myself and my child, and will be used only for the purpose it was collected.  Name:  Signature:  Date:  Your support is greatly appreciated. |
| **Consent to take photographs**  I **do** give consent to the named candidate to take photographs of my child. I understand these images will only be used for the purpose of work contributing to the NZ Certificate in Early Childhood Learning and Care [Level 2], and the photographs may only be shared with myself and my child, and the course teacher/assessor/moderator.  or  I **do not** give consent for the named candidate to take photographs of my child for the purposes of their assessment.  Name:  Signed:  Date: |