

Purpose: Deadly Inspiring Youth Doing Good – all of organisation consent form.

01: General Details

Name:				Date of Birth:	
Phone (Home):		Mobile:			
Home Address:		City/Suburb:			
State:		Post Code:			
Email Address:					
Gender: (Please circle one)	Male	Female	Non-Binary	Prefer Not to Say	
	Other (please specify:)				
Culture:	Aboriginal	Torres Strait Islander	Other:		
Clan/Tribe/Nation or Area of Descent:					
Primary Language:		Other:			

02: Emergency Contact

Name:		Relationship to you:	
Phone (Home):		Mobile:	
Home Address:		City/Suburb:	
State:		Post Code:	
Email Address:			

03: Parent/Caregiver/Guardian Details

Name:		Relationship to you:	
Phone (Home):		Mobile:	
Home Address:		City/Suburb:	
State:		Post Code:	
Email Address:			

04: DIYDG Service Participation

Circle which DIYDG programs you give consent to participate and share information with.							
The primary DIYDG service supporting me is							
PPY&FSS	Lift Leadership	Burn Brighter	Level Up	NSIMG	Kunjur	Wanna Know	NAIDOC
	MyLife MyWay	Good Vibrations	Grounded Together	Youth 4 A Voice	Naytive Mentorship	Key Counselling Services	
I do hereby consent to participate and have my information shared with the DIYDG services circled above and to meet the behaviour expectations as set out by DIYDG.							
I do not consent to participate in or have my information shared with DIYDG and it's services.							
Name:			Signature:			Date:	

05: Medical Consent

Medicare Number:					
Allergies:					
Treatment required:					
Dietary Requirements:					
Do you suffer from any of the following? (Please circle YES or NO)					
Asthma:	YES / NO	Epilepsy fits:	YES / NO	Anxiety/Mental health	YES / NO
Respiratory problems:	YES / NO	Heart problems:	YES / NO	Sugar Diabetes:	YES / NO
Health Need requiring IHP/EHP	YES / NO	Learning Needs	YES / NO	Disability	YES / NO
Phobias	YES / NO	Anaphylaxis (Severe Allergy)	YES / NO	Medication Allergies (e.g., penicillin)	YES / NO
Food Allergies	YES / NO	Special Dietary Requirements	YES / NO	Sleepwalking	YES / NO
Recent operation/injury	YES / NO	Do you carry an inhaler or EpiPen?	YES / NO	Do you consent DIYDG staff & volunteers to administer Inhaler & EpiPen?	YES / NO
If you answered YES to any of the above. Please provide details and any management details:					
Please list any medication taken and other medical concerns DIYDG A&TSIC staff & volunteers need to be aware of:					
Consent for Treatment					

<input type="checkbox"/> I do hereby authorise Deadly Inspiring Youth Doing Good staff to obtain medical attention for myself in the event of illness or injury. I understand that I am responsible for the costs of such medical expenses as may be necessary.		
<input type="checkbox"/> I do not authorise Deadly Inspiring Youth Doing Good staff to obtain medical attention for myself in the event of illness or injury. I understand that I am responsible for the costs of such medical expenses as may be necessary.		
Do you give authorisation for Qualified Practitioners, if required, to administer the following? (Please circle YES or NO) YES / NO Anaesthetic YES / NO Blood Transfusion		
<input type="checkbox"/> I understand that all DIYDG staff & volunteers have a current working with minors Blue Card and Senior First Aid and CPR Certificate and that I authorise the DIYDG staff to administer First Aid to me if necessary.		
<input type="checkbox"/> I do not authorise the DIYDG staff to administer first aid to me.		
Release of Liability		
<input type="checkbox"/> I do hereby release Deadly Inspiring Youth Doing Good, its employees, and any volunteer assistants from any liability whatsoever arising out of any injury, illness, damage or loss which may be sustained by the said person during the course of involvement with Deadly Inspiring Youth Doing Good Staff & volunteers.		
Name:	Signature:	Date:

06: Privacy & Data

Please read the following statements:

- I have given my consent for my personal information to be collected and stored on a secured database system/s or in a secured paper file and that this information will be available to all service staff, ensuring that the best outcomes are achieved on my behalf.
- There are limits to the confidentiality of my personal information. These are some reasons why my personal information will be shared without my consent:
 - If this service believes that I am at risk of harming myself or others.
 - For health reasons, for example if I become unwell and need medical attention.
 - When information is required by law for example a court case.
- The service manager will support me through any required processes, if I request access to my file held at the service or on secure database/s.
- I have the right to withdraw my consent for the service to share my personal information at any time.
- I understand that my information will be handled in accordance with Queensland Information Privacy Act 2009 for DIYDG services funded by the Queensland Government and with the Commonwealth Privacy Act 1988 for DIYDG services funded by the Commonwealth Government.

I have read and understood the above statements regarding the collection, storage, and sharing of my personal information (Please tick):

- ☐ Yes, I give my consent
- ☐ No, I do not give my consent

Name:

Signature:

Date:

07: Consent to Exchange Information

PURPOSE OF CONSENT TO EXCHANGE INFORMATION: Is to allow Deadly Inspiring Youth Doing Good, to share and exchange your personal information with other organisations and/or individuals who are involved in your support plan, ensuring coordinated care while protecting your privacy. It ensures your permission is given before any information is exchanged.

**Individuals or Organisations I would like DIYDG to share my information with
(please list if you have others that are not currently listed)**

DIYDG programs – i.e. Pamle Pamle (for creating intensive support plans) or Kunjur (for further male supports)

- DIYDG will only exchange your information with the above individuals or organisations that I have listed, and I can review and make changes to this list at any time. **If no other individuals and/or organisations are listed DIYDG will not share or exchange your information.**
- The service manager will support me through any required processes, if I request access to my file held at the service or on secure database/s.
- I have the right to withdraw my consent for the service to share my personal information at any time.
- I understand that my information will be handled in accordance with Queensland Information Privacy Act 2009 for DIYDG services funded by the Queensland Government and with the Commonwealth Privacy Act 1988 for DIYDG services funded by the Commonwealth Government.

Name:

Signature:

Date:

07: Image Consent

PURPOSE OF IMAGE CONSENT: is to allow Deadly Inspiring Youth Doing Good, to publish positive news stories to its current Facebook page, website, sector newsletters and any other news outlet.

I, the below named, give my unreserved permission for all still and/or moving images taken or recorded by or on behalf of or made available to Deadly Inspiring Youth Doing Good Aboriginal & Torres Strait Islander Corporation (DIYDG A&TSIC) of (“the Images”) to be:

1. used in any or all of the promotional and advertising material of DIYDG A&TSIC; and/or
2. provided to any third party, including but not limited to media organisations, government bodies, not-for profit organisations and DIYDG A&TSIC partners, for their use as they see fit.
 - The Images may be used in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form.
 - I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the Images.
 - If I wish to withdraw permission for Images to be used, I must so inform DIYDG A&TSIC in writing. I understand that if I so withdraw permission for the Images to be used, DIYDG A&TSIC will cease any future new publication or use of the Images, but for several years the Images may appear in printed and electronic material which has already been produced or disseminated.
 - **(For Aboriginal and Torres Strait Islander people)** I also understand that images of Aboriginal and Torres Strait Islanders may appear in printed and electronic material for several years. If I am an Aboriginal or Torres Strait Islander, DIYDG A&TSIC will take reasonable steps to prevent the Images from appearing on material published after my death. However, I understand and agree that, despite those efforts, the Images may still be published or disseminated.
 - I understand that DIYDG A&TSIC will make all reasonable efforts to ensure that any use of the Images by DIYDG A&TSIC or third parties is in line with DIYDG A&TSIC’s Values and Core Principles.
 - I understand that I have no actionable right against DIYDG A&TSIC for any failure by either DIYDG A&TSIC or by any third party to comply with the terms of this release form.
 -

☐ I do not give my permission for any still and/or moving images to be used.

Name:

Signature:

Date:

08: Risk Assessment

The purpose of this risk assessment form is to evaluate risks across various domains, including high-risk behaviours previously or currently demonstrated by participants, risks associated with Activities of Daily Living, risks related to home visits, and cognitive and communication abilities.

This risk assessment must be completed for all DIYDG participants, including those supported under the NDIS, to ensure the safety and well-being of both the participants and the staff working collaboratively to achieve individual goals.

DIYDG is committed to prioritising the safety of participants and staff. Depending on the identified risks, a range of options and strategies will be considered and implemented to address each unique situation, with detailed guidance on potential solutions provided.

SECTION A: HIGH RISK BEHAVIOURS	Yes	No
Does the client have a history of absconding behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Are there road safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client require 1:1 supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have a history of physical aggression? If so, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
Is there is history of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Is there is history of psychiatric illness?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION A: HIGH RISK BEHAVIOURS	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A: LEVEL OF RISK
Refer to matrix on page 4
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Catastrophic

SECTION B: ACTIVITIES OF DAILY LIVING	YES	NO
Does the client collect/hoard items?	<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns regarding the use of internal heating/cooking appliances?	<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns regarding personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client smoke?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are there safety concerns regarding their smoking?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
SECTION B: LEVEL OF RISK		
Refer to matrix on page 4		
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Catastrophic		

SECTION C: RISKS ASSOCIATED WITH HOME VISITS		YES	NO
Are there large or aggressive animals?		<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns regarding accommodation or household issues?		<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
SECTION B: LEVEL OF RISK			
Refer to matrix on page 4			
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Catastrophic			

SUPPORTS IN PLACE TO MANAGE RISK	
Where high to catastrophic risks have been identified across a range of areas, the following recommendations will be considered, implemented and adjusted accordingly as per individual needs:	
Recommendation re: staff ratio	<input type="checkbox"/> 1 Staff
	<input type="checkbox"/> 2 DIYDG Staff or 1 DIYDG staff and 1 member of staff from another organisation
Recommendation re: location	<input type="checkbox"/> Inappropriate for DIYDG staff to work with client in community settings, e.g., due to absconding behavior
	<input type="checkbox"/> Appropriate location for supports to be discussed and implemented
Recommendation re: support planning	<input type="checkbox"/> Individual interventions as per participant, their family and clinical team, to be outlined in case notes
	<input type="checkbox"/> Behaviour support plan required
Recommendation re: additional risk mitigation strategies	<input type="checkbox"/> Consideration and discussion re: appropriate clinical team, e.g., relating to experience and clinical skill
	<input type="checkbox"/> Consideration and discussion re: service types according to individual needs
	<input type="checkbox"/> Consideration and discussion re: other appropriate providers
	<input type="checkbox"/> DIYDG deemed unsuitable to support participant and alternative options discussed and provided

Risk Matrix						
		Consequences				
		Insignificant (1) No injuries / no business disruption / minimal financial loss or harm to reputation	Minor (2) First Aid treatment/ possible business disruption / medium financial loss and/or harm to reputation	Moderate (3) Medical treatment / likely business disruption / high financial loss and/or harm to reputation	Major (4) Hospital / definite business disruption / large financial loss and/or harm to reputation	Catastrophic (5) Death / business closure / massive financial loss and/or harm to reputation
Likelihood	Almost Certain (5) Often occurs / once a week	Moderate (5)	High (10)	High (15)	Catastrophic (20)	Catastrophic (25)
	Likely (4) Could easily happen / once a month	Moderate (4)	Moderate (8)	High (12)	Catastrophic (16)	Catastrophic (20)
	Possible (3) Could happen or known to happen / once a year	Low (3)	Moderate (6)	Moderate (9)	High (12)	High (15)
	Unlikely (2) Hasn't happened yet but could / once every 10 years	Low (2)	Moderate (4)	Moderate (6)	Moderate (8)	High (10)
	Rare (1) Conceivable but only in extreme / once in 100 years	Low (1)	Low (2)	Low (3)	Moderate (4)	Moderate (5)