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| --- |
| General Details |
| Name: |  | Date of Birth: |  |
| Phone (Home): |  | Mobile:  |  |
| Home Address: |  | City/Suburb: |  |
| State: |  | Post Code: |  |
| Email Address: |  |
| Culture:  | Aboriginal |  | Torres Strait Islander |  | Other |  |
| Clan/Tribe/Nation or Area of Descent: |  |
| Emergency Contact 1 |
| Name: |  | Relationship to you: |  |
| Phone (Home): |  | Mobile:  |  |
| Home Address: |  | City/Suburb: |  |
| State: |  | Post Code: |  |
| Email Address: |  |
| Emergency Contact 2 |
| Name: |  | Relationship to you: |  |
| Phone (Home): |  | Mobile:  |  |
| Home Address: |  | City/Suburb: |  |
| State: |  | Post Code: |  |
| Email Address: |  |
| 04: Activity Participation |
| Level Up – Bridging too Flexi School.  |
| Level Up supports young people 10-15 years of age who are known to the Cairns Youth Justice Service Centre and have been disengaged from education, training, or employment. DIYDG ensure young people are connected in educational and meaningful activities within our local community to foster the diverse ways of learning. Level Up's primary focus is to support young people to return to mainstream education or alternative learning providers. |
|  I do hereby consent to attend and participate in all Level Up - Bridging to Flexi School activities as prescribes by the organisers such as night activities, camps, community events, support groups, including transportation to and from Level Up - Bridging to Flexi School Activities etc. I do hereby agree to meet the behaviour expectations as set out in the participant Information pack. |
| **Name:** | **Signature:** | **Date:** |

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| 05: Medical Consent |
| Medicare Number:  |  |
| Allergies: |  |
| Treatment required: |  |
| Dietary Requirements: |  |
| Do you suffer from any of the following?  |
| 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 A&TSIC 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*** |
|  I hereby authorize 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.  |
|  I further authorize the performance of such treatment and operations as in the opinion of the attending physician is deemed necessary. |
| Do you give authorisation for Qualified Practitioners, if required, to administer? YES / NO | AnaestheticYES / NO | Blood Transfusion  |
| I understand that all DIYDG A&TSIC staff & volunteers have a current working with minors Blue Card and Senior First Aid Certificate. |
| ***Release of Liability*** |
|  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:**  |

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| 06: Privacy & Data |
| I confirm that I understand that: * 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.
 |
| **Name:** | **Signature:** | **Date:** |
| 07: Consent to Exchange Information |
| **PURPOSE OF CONSENT TO EXCHANGE INFORMATION**The purpose of the consent to exchange information 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.  |
| To support my case plan developed by Deadly Inspiring Youth Doing Good (DIYDG), I give my consent for my personal information to be shared between program workers and the following list of individuals and/or organisations I associate with currently or will be referred to for further supports in the future: |
| **Individuals or Organisations** **(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) |
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| * 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.
* 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:** |

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| 07: Image Consent |
| **PURPOSE OF IMAGE CONSENT**The purpose of the 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 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.
 |
| **Name:** | **Signature:** | **Date:** |