

The Youth Junction Inc Participation Form



This permission form is to attend the TYJ Afterschool Drop-in Co-Design Workshops.

Please complete and return this form by **Monday 11 November**.

Email to: programs@youthjunctioninc.net.au

Workshop dates:

Thursday 14 November 2024, 3:30pm – 5:00pm

Thursday 5 December 2024, 3:30pm – 5:00pm

Venue: Visy Cares Hub, 80A Harvester Rd, Sunshine

Students from local Brimbank schools are invited to come together to contribute their valuable ideas and expertise to help us design an afterschool drop-in program that meets their needs and interests.

We want to empower local young people to have a voice in developing a program that will benefit themselves, and their peers by creating a safe and welcoming space for young people in Brimbank. Food will be provided at the workshop and participants will be supervised by The Youth Junction Inc staff.

YOUNG PERSON'S DETAILS – ALL FIELDS MUST BE COMPLETED

Legal First Name:		Last Name:	
Date of Birth:		Age:	
Gender:		Best contact	
Pronouns:		number:	
Street Address:		Suburb:	
		Postcode:	
Email Address:			
School:		Country of Birth:	
Cultural Background:			
Are you of Aboriginal and/or Torres Strait Islander origin? <small>(Please select the answer that applies)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		

PRIMARY EMERGENCY CONTACT (Parent, Legal Guardian)

Preferred Name:		Relationship (to young person):	
Last Name:			
Contact Number:			
Email (optional):			

SECONDARY EMERGENCY CONTACT

In the event of an emergency, we will first attempt to contact the Parent/Guardian. However, please nominate **one additional person over 18 years OTHER than the Parent/Guardian** who can collect your child within 30 minutes of notification:

Preferred Name:		Relationship (to young person):	
Last Name:			
Contact Number:			
Email (optional):			

Medical issues, allergies, or current medication (give details)

This information is collected to minimise risk to young person and prepare staff to respond in an emergency

Participant's Medicare number:	
Allergies including Anaphylaxis:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please supply an allergy management plan
Asthma:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please supply an asthma management plan
Medication:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide medication name/dosage Do you give TYJ staff permission to issue the above medications if required? Signature (sign here): Print Name: Date:
Other medical conditions (e.g. diabetes, epilepsy)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details
Additional Information as appropriate to young person's participation:	
Food allergies/Dietary Requirements:	

Photo/Image Consent Permission

The Youth Junction Inc needs your permission to use your child's image and digital recordings of you as part of The Youth Junction Inc media which includes (advertising, posters, brochures, websites, and any other forms of media we may utilise from time to time). Information you provide as part of any interviews/filming may also be provided to third party providers or websites/social media.

I consent to The Youth Junction Inc using my/my child's name and photographs for the above uses

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

Privacy statement

By ticking the above box and signing this form you/your legal guardian consent to The Youth Junction Inc (TYJ) using the image and digital recording of the above named party for the purposes of promotion of TYJ activities and related purposes, which include but are not limited to distribution to third parties who may use the image for commercial purposes or where release of the image is required by law. You may withdraw your consent for future use by contacting The Youth Junction Inc on programs@youthjunctioninc.net.au or (03) 9091 8200

Evaluation Data Collection Permission

The Youth Junction Inc is seeking your permission to collect evaluation data from your child to gather information on their experiences and learnings having been involved in the youth co-design workshops.

Important information regarding the data collection:

- Data collected will be used for project evaluation and the final evaluation report.
- All data collected will be de-identified. While information shared will go into a final evaluation report, no personal or identifiable information will be shared.
- The evaluation report will be shared with the project funders, Brimbank City Council and Flack Trust Foundation, and Brimbank community service providers.
- Data will be collected in the form of a survey and through observations of group discussions by TYJ staff.
- Data will be securely stored in a password-secured Google Drive with two-factor authentication. Data will be destroyed after the project report has been prepared at the end of 2025.
- Consent to participate in data collection can be withdrawn at any time.
- Questions or complaints about the evaluation data collection can be addressed to: programs@youthjunctioninc.net.au

I consent to TYJ collecting evaluation data from my child for the above uses

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

I consent to TYJ taking photos of my child to be used for the evaluation and used in the evaluation report.

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

Declaration and Consent

By signing this document,

- ✓ I understand that certain inherent risks and dangers exist in the activities in which he/she will be participating. I acknowledge that while every reasonable effort to minimise exposure to known risks will be taken, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organised body.
- ✓ I acknowledge that I have received all the information I require regarding the program.

- ✓ I agree for information to be used to contact me in the event of an emergency or in the case of serious misbehaviour.
- ✓ I give my consent to The Youth Junction Inc staff, where appropriate, to contact medical authorities and/or the ambulance service, and if appropriate administer basic first aid procedures if required in the event of an injury or illness.

- ✓ I agree to indemnify and to keep indemnified The Youth Junction Inc, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, arising from or in any way connected with the participant's participation in the program, to the extent permitted by law
- ✓ My liability to indemnify The Youth Junction Inc, its servants and agents shall be reduced proportionally to the extent that any act or omission The Youth Junction Inc, its servants or agents, contributed to the loss or liability
- ✓ I understand that the Workers cannot accept supervision responsibility for young people arriving before or staying after the hours of a program or event.
- ✓ I have completed this form accurately to the best of my knowledge
- ✓ I consent to the named participant being enrolled in the above named The Youth Junction Inc program, and I believe they are competent to participate in this program without risk to themselves or others.
- ✓ I give permission for The Youth Junction Inc to record information about me/my child for the purpose of supporting the child's participation in the program in accordance with Privacy and Data Protection Act 2014.

Parental Consent

If you are under 18 years old, this must be signed by an adult (over the age of 18) who has responsibility for the young person's well-being.

I agree with the above declaration and provide my consent

Parent/ Guardian Name _____ (print name)

Parent's/Guardian's Signature _____ (sign)

Date: _____

Young Person's Consent

I agree with the above declaration and provide my consent

Young Person's Signature _____ (sign)

Date: _____

For further information or clarification please contact The Youth Junction Inc on programs@youthjunctioninc.net.au or (03) 9091 9200

PRIVACY COLLECTION NOTICE

The Youth Junction Inc is committed to protecting your privacy as outlined by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by The Youth Junction Inc for administration purpose and in line with your individual support needs. Your information will not be disclosed to any external party without your consent unless The Youth Junction Inc is required or authorised to do so by law. If you have any privacy questions or concerns regarding how your information is used, or wish to access or amend information previously provided, please send your enquiries to dcirillo@youthjunctioninc.net.au