

# JUST BRASS - INDIVIDUAL RECORD AND PERMISSION FORM

**THE SALVATION ARMY'S COMMITMENT TO YOUR SAFETY AND WELLBEING**

*The Salvation Army is committed to ensuring the provision of a safe and inclusive environment for children and adults where they feel respected, safe, valued and encouraged to reach their full potential.*

## INSTRUCTIONS FOR PARENTS/GUARDIANS

*The purpose of this form is to provide The Salvation Army with information to ensure individuals can safely participate. The Salvation Army requires written permission from the child or the vulnerable adult's parent/guardian to participate. A permission form must be completed for each individual participating.*

Parents/guardians should read the permission/indemnity sections carefully and a respond given to each question.

Please read and sign the privacy notice at the end of the form.

**CONFIDENTIAL**

The information gathered will remain confidential and only be used to support the safety and wellbeing of the individual during the program/activity. Information gathered will be managed in line with The Salvation Army's Privacy Policy.

<b>ACTIVITY DETAILS</b>		<i>Activity Leader to complete Activity Details prior to giving form to parent/guardian.</i>
Name of activity:		
Name of Corps or Service:		
In Person Activity <input type="checkbox"/> Online Activity <input type="checkbox"/> Platform: <i>(Only fill this for online activity)</i>	Date of activity: <i>(if camp or term-based activity list start and end dates)</i> Time:	
Name of Leader:	Does the activity include transport: Yes <input type="checkbox"/> No <input type="checkbox"/> From: _____ To: _____	

## SECTION A

Name of person participating:	Preferred name:
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/>
Address:	
Languages spoken at home:	

PARENT/GUARDIAN CONTACT DETAILS		
i) Primary contact person:		Relationship to individual (e.g. family member, neighbour, family friend):
Address (if different from participant noted above):		
Phone: Home	Work	Mobile
Email:		
ii) Secondary contact person:		Relationship to individual (e.g. family member, neighbour, family friend):
Address (if different from participant noted above):		
Phone: Home	Work	Mobile
Email:		



## SECTION B

MEDICAL INFORMATION	
Medicare number:	Position on card:
Family doctor:	Phone:
Address:	
Ambulance Cover ( <i>Please tick</i> <input checked="" type="checkbox"/> )      Yes <input type="checkbox"/> No <input type="checkbox"/> Number:	
Pre-existing or current medical conditions:	
Name and dosage of any medications currently being taken. ( <i>NOTE: workers do not administer medications, including non-prescription e.g. panadol</i> ):	
Please tick <input checked="" type="checkbox"/> if any of the following are relevant and attach management plan/s: <input type="checkbox"/> Food allergies, <input type="checkbox"/> anaphylaxis, <input type="checkbox"/> asthma, and/or <input type="checkbox"/> other intolerances: <i>please state</i> :	
Allergies, please tick <input checked="" type="checkbox"/> if relevant or note other allergies as necessary: <input type="checkbox"/> Penicillin <input type="checkbox"/> Other: ( <i>please specify</i> ) <input type="checkbox"/> Insect stings: ( <i>please specify</i> )	
Please tick <input checked="" type="checkbox"/> if the individual suffers from: <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy or blackouts <input type="checkbox"/> Heart condition <input type="checkbox"/> Other ( <i>please specify</i> )	
Level of swimming ability ( <i>Please tick</i> <input checked="" type="checkbox"/> ) <input type="checkbox"/> No ability <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	
To ensure the best experience possible, does the individual require extra support to participate due to any reasons such as physical, cognitive, behavioural or other? <i>Please specify:</i>	

SUPERVISION RESTRICTIONS	
Are there any relevant legal or custody matters, or orders, current or pending? Please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other restrictions on the supervision of the child/adult? Please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>



PERMISSION / INDEMNITY		Please read the following points and tick <input checked="" type="checkbox"/> your response for <b>each</b> section.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to the individual named in Section A taking part in the overall activities of this group.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for such medical treatment as the leader may deem necessary.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give my permission for transportation in TSA vehicles or private cars arranged by the leaders of the abovementioned group on the occasions stated below as agreed with leaders. From _____ To: _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to the information about the individual named in Section A being collected as required for activity specific permission forms and accident/incident report forms.	
Consent provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>I acknowledge that from time-to-time photographs or videos may be taken as part of participating in a program at The Salvation Army.</li> <li>I understand that these images will be taken in accordance with The Salvation Army policies and procedures.</li> <li>Images may be displayed publicly however I will be contacted to gain specific consent for the use of any image prior to it being published.</li> <li>The participant will also be asked for consent to publish their image.</li> <li>I understand that no identifying information will be displayed with images.</li> <li>I understand that my consent or consent of the participant can be revoked at any time.</li> </ul>	
<b>Continue to SECTION D</b>		

### SECTION C (For Online Activity Only)

PERMISSION / INDEMNITY FOR ONLINE ACTIVITIES	
We use TSA approved online platforms and deliver online activities in accordance with our Safety and Wellbeing to Children and Young People Policy, Code of Conduct Policy and other relevant policies.	
Email address (if different from above): _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to the individual named in Section A taking part in this online activity.
Consent provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>I acknowledge that from time to time photographs, online recordings or videos may be taken as part of participating in a program at The Salvation Army.</li> <li>I understand that these images will be taken in accordance with The Salvation Army policies and procedures.</li> <li>Images may be displayed publicly however I will be contacted to gain specific consent for the use of any image prior to it being published.</li> <li>The individual will also be asked for consent to publish their image.</li> <li>I understand that no identifying information will be displayed with images.</li> <li>I understand that my consent or consent of the individual can be revoked at any time.</li> </ul>
<b>Continue SECTION D</b>	



## SECTION D



### PARTICIPANT'S CODE OF BEHAVIOUR AGREEMENT

I \_\_\_\_\_ (name of individual participating) understand that I am responsible for my behaviour during the event/program/activity. I agree to the following:

- I will treat everyone fairly and listen respectfully to their views
- I will not put down or bully anyone
- I will not take photos or screenshot of others during online events
- I will not use abusive and bad language
- I will not treat others differently because of their race, culture, ethnicity, gender identity, age, size, mental or physical ability

If I break this behaviour code, I will be reminded by my leader and ask to comply. I will be given an opportunity to change my behaviour. If I continue to behave inappropriately, I may risk being restricted from participating and my parents/guardian will be made aware of this.

### JUST BRASS PROGRAM PARTICIPANT'S AGREEMENT

As a participant in Just Brass, I agree to the following:

- I will attend band practice each week at the agreed time
- I commit to 15 minutes of practice 4 days a week
- I will do my best to look after all the equipment entrusted to me, and
- I will attend and participate in every end of term concert

Name of Individual:

Date:

Signature of individual:

### INSTRUMENT CHOICE

Please indicate below, which instrument you would like to learn. Please choose THREE options by using numbers 1, 2 or 3. Choice 1 being most preferred.

\_\_\_\_\_ Cornet



\_\_\_\_\_ Trombone



\_\_\_\_\_ Tenor Horn



\_\_\_\_\_ Tuba



\_\_\_\_\_ Baritone



\_\_\_\_\_ Percussion



### PARENT/GUARDIAN PERMISSION

- I confirm that the information contained on this form is true and correct. I agree to inform the leader of any change to these details.
- I understand due care will be taken by The Salvation Army personnel delivering this program.
- I acknowledge and agree that The Salvation Army personnel cannot be held responsible or liable for any personal injury, loss or damage sustained by my child/adult as a result of their participation in the program.
- I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.
- I have read the Privacy Notice attached to this form.

Parent Name:

Date:

Parent Signature:

Please return this form to:





# Privacy Notice and Consent Form

**This form is to be used whenever we collect personal (including sensitive) information.**



It is to be read in conjunction with our Privacy Policy APP Australia ([GO\\_LR\\_PRO-02\\_TPAC](#)).

## Your privacy is important to us

The Salvation Army, a not-for-profit organisation, is committed to upholding its obligations under the *Privacy Act 1988*. We recognise the importance of privacy and community awareness regarding the collection, use, disclosure and security of personal information which we may collect during the course of our many functions. We understand that sharing personal information can be confronting, especially for population groups who have experienced discrimination, harassment and bullying based on age, sex, gender identity, sexual orientation, disability, pregnancy, intersex, marital status or cultural diversity (including Aboriginal or Torres Islanders).

## Our privacy policy contains the details

Our privacy policy can be found online at <https://www.salvationarmy.org.au/privacy>.

It includes information on how you may access and update the personal information we hold about you, the complaints process for a breach of the Australian Privacy Principles, and how we manage the complaints we receive.

## Our privacy office is here to help

We have a dedicated privacy office responsible for ensuring we adhere to our privacy policy. Their contact details are provided in the privacy policy and are available for your use.

## We only collect what we need

We collect personal information we believe is reasonably necessary to provide you with the tailored support you require from the services we offer. This includes information you provide to us on this form, any additional information you provide to our staff verbally or otherwise, and any information we may need to collect about you from third parties on your behalf (if applicable).

## You consent to use for related purposes

By providing us with this personal information you also consent to our use or disclosure of this personal information for purposes related to the services we provide. Unless permitted or required by law, we will not use this information for any other purpose without your consent.

## Your signature acknowledges your understanding

By signing this document, you:

- Acknowledge you have read and understood the document
- Understand the reasons for the collection of your personal information
- Understand the ways in which your personal information may be used and disclosed
- Agree to the use and disclosure of your personal information as indicated here
- Acknowledge that the personal information you have provided to us is current
- Acknowledge your consent is voluntary, express, informed, specific as to purpose, time limited and easily withdrawn.

## Let us know if your details change

You undertake to notify us as soon as practicable if this personal information is no longer current or if your consent for the collection and/or use of the personal information is withdrawn.

Name \_\_\_\_\_

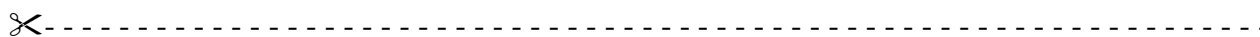
Date \_\_\_\_\_

Signature \_\_\_\_\_

Organisation \_\_\_\_\_

(If applicable)





This section to be retained by parent/guardian

<b>EVENT DETAILS</b>	<i>Leader in charge to complete the information below</i>		
Activity Name:		Date(s):	
Activity address:			
Name of Leader in Charge on the day:			
Leader emergency contact number during the activity:			

