Innovation Youth Centre (IYC) is a youth-friendly space for young people aged between 12 and 25. We are a place that young people can come for support with managing challenges in their lives and building skills for work and social life. We offer programs including one-on-one counselling support, personal development, and group programs. Please note that if your child is under 16 years of age, we require parental/carer consent for your child to receive support with our service.

**CHILD’S DETAILS:**

**Child’s Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_** **D.O.B:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **P/code:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile (if applicable):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­**

**Does your child identify as Aboriginal or Torres Strait Islander? (optional)** AL DETAILS

**YES** **NO**  **Prefer not to say**

**Pronouns (She/Her; He/Him; They/Them: Other):** \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_ Y

ES NO Prefer not to say \_\_\_\_\_\_\_\_\_\_¬¬¬\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_¬¬¬¬¬¬¬\_\_\_\_\_\_\_\_

Pronouns (She/Her; He/Him; They/Them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/CARER INFORMATION:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/code: \_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT: (Complete if different from parent/carer details)**

Please provide the contact details of someone we can contact in the event of an emergency.

**Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION:**

In the event of an accident and/or medical emergency, IYC staff may need to obtain medical assistance for your child. Your child's personal health information is collected to assure their wellbeing & safety at IYC.

**Medicare number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health care card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION:**

Does your child suffer from any allergies we need to be aware of?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are they currently taking any medication we need to be aware of? (If so, please specify)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMED CONSENT**

I consent to my child receiving support from IYC. I understand that as part of that support, IYC will collect my child's personal information, including their name, date of birth, address, phone number, email address, emergency contact and Medicare number.

I understand that this may also include sensitive information, such as ethnicity, sexual orientation or criminal record. I understand that this information will only be collected to provide them with support. I understand that IYC may also use their de-identified information in research and funding applications.

I consent

I understand that this consent will be valid for 12 months, and that I can choose to withdraw this consent at any time.

I understand

Innovation Youth Centre (IYC) may record images of young people for promotional purposes. These images may be used in mediums including media releases, publications, promotional material, and electronic media (Website, Instagram, Facebook).

IYC agrees not to provide photographs or video footage depicting young people to any other persons for their use unless with their consent and/or consent of their parent/guardian. IYC will retain the photographs and videos, but copies will be made available to you upon request.

I give IYC permission to use images taken of my child in IYC publications and promotional material, broadcast, print & electronic media.

I do not give IYC permission to use images taken of my child in IYC publications andpromotional material, broadcast, print & electronic media.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**