

TRY
NEW
FOOD!

AGES
14-17

EXPAND YOUR
COOKING SKILLS

GENERATION
FOODIE

MEET
NEW
PEOPLE!

JOIN DIANELLA HEALTH & HUME YOUTH SERVICES FOR A FREE PROGRAM TO LEARN DIFFERENT WAYS TO PREPARE, COOK & SERVE AFFORDABLE, HEALTHY FOOD FROM DIFFERENT CULTURES.

10 WEEKLY SESSIONS MONDAY 23RD APRIL TO 25TH JUNE (TERM 2) 3:30 – 6:00PM
INDUSTRIAL KITCHEN @ CRAIGIEBURN SECONDARY COLLEGE

FOR MORE INFORMATION AND TO REGISTER CONTACT YOUTH SERVICES ON (03) 9205 2556 OR
NATALIES@HUME.VIC.GOV.AU



Hume City Council Youth Services Participation Form

Young Persons Surname

Participation forms must arrive to the Youth Services Department one week prior to the start of the program, if not your place will be reallocated to wait list. Telephone 9205 2556.

YOUNG PERSONS DETAILS

Personal Details					
First name					
Surname					
Date of Birth		Age		Year level	
Gender					
Does this young person have any additional or specific needs that the program should be aware of? Details:					<input type="checkbox"/> No <input type="checkbox"/> Yes
Which School does this young person attend? School Name:					
Does this young person have an aide at school or require any additional support? Details:					<input type="checkbox"/> No <input type="checkbox"/> Yes

BOOKING INFORMATION

Medical Information – if YES, please specify	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes... A current allergy management plan to be attached if applicable
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes... A current asthma management plan must be attached
Medication	<input type="checkbox"/> No <input type="checkbox"/> Yes...
Medical condition	<input type="checkbox"/> No <input type="checkbox"/> Yes...

Important Additional Information	
PLEASE BE AWARE - This information is essential for the safety and security of the young person and is a requirement for application purposes. Hume City Council Youth Services are required to ensure all information provided is current and accessible to Youth Services Workers and therefore request updated documentation as required.	
Asthma Management Plans and/or Information relating to Medical Conditions, Epipen use, Epilepsy or Allergies	<p>Where an Asthma Management Plan and/or other Medical Information requiring a management plan is relevant for your child, please provide with this form. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Asthma Management Plan and/or other Medical Information and related management plan provided to Youth Services is both current and complete. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Medicare Number	
Medicare Number	

As the Parent/ Guardian, please complete this Application for Attendance Form in BLOCK CAPITALS.

Parent/ Guardian responsible for account		Emergency contact (different person to parent/guardian)	
Name		Name	
Relationship to young person		Relationship to young person	
Address		Address	
Suburb & Post Code		Suburb & Post Code	
Mobile Phone		Mobile Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
Email address		Email address	

General Permissions

Do you give permission for this young person to arrive/ depart at the program unsupervised?

(Please note that Council will only provide supervision to young people during the hours of program operation as outlined on the program advertisement)

Yes No

Do you give permission for this young person to be photographed for both internal and external publications?

Yes No

Application for Attendance Agreement

Please answer all questions. Should you have any queries regarding any particular question, please call Youth Services on 9205 2556. Once fully completed, please read and sign the agreement below to allow your enrolment application to be processed.

I,

← Insert Parent/ Guardian Name in BLOCK CAPITALS

- Approve the attendance of the above mentioned young person at Hume City Council Youth Services program, activity, even or services.
- Permit this young person/ people to participate in the activities organised for the days they will be attending.
- Acknowledge that where I have provided information regarding the additional health needs of this young person that an assessment will be carried out to determine the program suitability.
- Authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for this young person. In the case of a medical emergency, I also undertake to pay any associated costs which may be incurred for medical treatment and ambulance transport. We advise all young people to have a current Australia wide ambulance membership to cover costs of ambulance attendance or transportation.
- Agree that, the Hume City Council and their Officers are to be free and clear of all responsibility whatsoever for accident, illness, theft/loss of clothing or valuables during the participation on any of the activities involved in the program.
- Agree that I will provide all changes to this enrolment form in writing as required and without delay.
- Confirm that all information about my young person provided to Hume City Council Youth services on this form is true and correct.
- Confirm that the young person I have booked into the program fits within the criteria of being an independent young person who is suitable for a 1 staff member to 10 program participant ratio.
- Agree that if certain behaviours of my young person interrupt the program, put themselves, workers or other young people at risk that I may be required to collect my young person from the activity site. Collection of my young person will be at my own expense. The young person may not be able to attend future Youth Services program, activity, even or services.
- Agree that, whilst the programs are supervised by qualified youth workers, in order to support young people's transition into independence, where appropriate, young people aged 15 to 17 may be given free time to explore venues and activities in smaller groups. Contact points will be set-up, young people will be supplied with staff members contact details, and risk assessments will be completed to ensure, as far as reasonably practicable, the safety of young people at all times. If you have any concerns or would like further information please call 9205 2556.
- I agree that in relation to certain activities / outings, where there is one entry and exit to the facility, or an activity that is deemed to be in a facility that is well known to our staff and has been part of the program before, that young people ages 12 to 17, will be given opportunity to have free time and will report back to staff, at timed intervals for check in.
- Staff members will hand out phone contact details of the lead worker to young people in case contact is necessary during these times. Young people will always be informed of where meeting locations are and at least one staff member will always be at our meeting point for the duration of the activity. Additional staff will be actively walking around the facility, or engaging in various activities alongside young people.

Parent/ Guardian Signature:

Date:

Privacy – Council is collecting this information for the purpose of registering your child for a Youth Services program, activity, even or services. The information will be used for administration purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the application may not be processed. This information will also be used to provide you with details of the upcoming Youth Services program, activity, even or services. You may access this information by contacting Youth Services on 9205 2556.