

Confidential participant information 2023

Personal details

Participants full name: Gender: ☐ M ☐ F ☐ Other
Preferred name (optional): Birth date: / /
Street: Suburb/town: Postcode:
Participant mobile: Participant email:

Identify as ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

Country of Birth:

Language spoken at home: Interpreter Required: ☐ Yes ☐ No

Accessibility considerations: (mobility, cultural considerations etc.)

Swimming ability: ☐ Non-swimmer ☐ Less than 25 metres ☐ 25-50 metres ☐ 50 metres plus

Relevant medical details

Medicare Number:

Ambulance Cover: ☐ Yes ☐ No

Does your child suffer from any medical or mental health conditions? ☐ Yes ☐ No

If yes, please specify (including details of medication and management plan)
.....
.....

Does your child suffer from any allergies or have special dietary requirements? ☐ Yes ☐ No

If yes, please specify (including details of medication and management plan):
.....
.....

Is your child involved with any other Community Service Organisations: ☐ Yes ☐ No

If yes, please specify:

Cardinia Shire Council privacy statement

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer on 1300 787 624 or mail@cardinia.vic.gov.au

Other information

Is there any other information you can provide that would assist Youth Services staff in supporting your child during programs/activities (e.g. difficulty making friends, fears etc):

.....

Emergency contacts – **NOT** - the primary parent /carer/guardian that is listed above

Please ensure somebody is, able to be contacted when your child is at the program and has consented to be contacted.

1. Name: Landline: Mob:

2. Name: Landline: Mob:

If nobody will be collecting your child from the program/group/activity, how will they get home?

☐ Public transport ☐ Walk ☐ Other

Are there any restrictions on who collects your child from the program/ group/ activity? ☐ Yes ☐ No

If yes, please provide details and actions required (e.g. court orders, contact Police immediately):

.....

.....

COVID-19 Parent/carerguardian's consent/release

- My child will not attend if they are displaying any symptoms of illness (fever, chills, sore throat, cough, runny nose, loss of sense of smell)
- You may take my child's temperature before attending any sessions. If it is elevated (>38 degrees) you child will be unable to attend the session and will need to be collected immediately.
- My child is permitted to use alcohol-based hand sanitizer when in the building.
- My child will adhere to the safe-distancing precautions we have set up, in the building - at all times.
- My child will always carry a mask on them and may be required to wear the mask where 1.5 distancing is unable to be maintained.
- If you are bringing your child, you will make sure that you follow all these sanitation and distancing protocols whilst in a council facility.
- If you or your child contracts COVID-19 or has come into close contact with a confirmed case of COVID-19 you will immediately advise Cardinia Shire Council and will not allow your child to attend when they have been advised to isolate.
- If your child contracts COVID-19 they will be required to provide evidence of a negative test for COVID-19 prior to being able to return to the program.
- I understand that Cardinia Shire Council has taken steps to reduce the risk of spreading COVID-19 within our workplaces and we operate under a COVID Safe plan that is available on our public website.

I have read, understood, and agreed to the conditions stated above. ☐ Yes ☐ No

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Parent/carer/guardian's consent/release

1. I/we give consent for my/our child to take part in the program, excursions, and activities. I have read and fully understand all the additional information I have received regarding the program.
2. I/we agree that neither the Cardinia Shire Council nor its officers or servants are liable for any damage or injury that may be incurred by my/our young person attending youth services programs or any of the activities in connection with the programs, including excursions or camps.
3. I/we authorise the staff in the event of any illness or accident to obtain on my/our behalf any such medical assistance as my/our young person may require which may include injection, anaesthetics and/or blood transfusions. In case of emergency, I/we agree for my/our young person to be transported by Ambulance, Council motor vehicle or in extreme emergency worker private motor vehicle.
4. In the event of my/our young person behaving irresponsibly and/or not complying with safety rules, I/we agree to immediately collect my/our young person from the program, excursion or camp or to reimburse Council for any costs involved in the return of my / our young person from the program, either locally or interstate.
5. I/we also agree to supply my/our young person with all necessary medication (e.g. asthma puffer). I understand that my/our child will not be allowed to attend the excursion/activity unless all medication has been supplied.
6. I/we understand that staff cannot administer medication to my/our young person without my written consent.
7. I/we understand and accept that it is my/our responsibility to advise Council staff of any changes to the information supplied (including medical).
8. I/we authorise the school or other referring agency to provide relevant information regarding my child/realising the program is independent of the school and other referring agencies.

I have read, understood, and agreed to the conditions stated above. ☐ Yes ☐ No

Media consent

I/we give consent for my/our young person to be photographed by a Cardinia Shire Council officer or representative from the media. By signing this section, I understand that my child will be photographed and that these photographs may be used in a range of media, including hard copy and electronic formats such as newspapers, magazines, photo exhibitions, Council publications, PowerPoint presentations and websites, including Facebook.

I have read, understood, and agreed to the conditions stated above. ☐ Yes ☐ No

Transport

I/we accept that part of the program may be conducted at venues outside the designated centre and give permission for my/our child to be transported to/from such venues. ☐ Yes ☐ No

Parent/Carer/Guardian:

Parent/Guardian name:

AH: BH: MOB:

Email:

Parent/Guardian to Signature: Date:

Participant's Signature: Date:

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