



creating a better life
for children and young
people in care

GENERAL PARTICIPANT INFORMATION AND CONSENT FORM

PROGRAM DETAILS
<p>This form applies to:</p> <ul style="list-style-type: none"> the Participant's participation in all programs and activities run by the CREATE Foundation (CREATE), including but not limited to; Youth Advisory Group Meetings, the Speak up Program (SUP) and the CREATE Your Future Life Skills Program; held on CREATE's premises or elsewhere; for a period of 12 months following the date that the Participant/Participant's Carer / Legal Guardian signs this form.

PARTICIPANT DETAILS			
First Name:		Last Name:	
Home Phone: (incl. area code)		Work Phone	
Email:		Mobile Phone:	
Sex: (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unsure	DOB:	
Home Address:			
Suburb:		Suburb:	
State:		State:	
Mailing Address:			
Suburb:			
State:		Code:	
Cultural identity	Is English your second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	First language spoken at home (if other than English)		
	What culture do you identify with?		
Care Type (please circle)	<input type="checkbox"/> Adoption <input type="checkbox"/> Ministerial Parental Responsibility <input type="checkbox"/> Custody Order <input type="checkbox"/> Temporary Care <input type="checkbox"/> Relative/Kin care		
	Other Please specify:		



Living Arrangement (please circle)	<input type="checkbox"/> Foster Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Refuge <input type="checkbox"/> Birth Parents <input type="checkbox"/> Living with extended family <input type="checkbox"/> Independent		
	Other Please specify:		

EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT	Name:			
	Relationship to Participant:			
	Mobile Phone:			
	Home Phone:		Work Phone:	
SECOND EMERGENCY CONTACT	Name:			
	Relationship to Participant:			
	Mobile Phone:			
	Home Phone:		Work Phone:	

Instructions in the event of illness or accident, (other than standard responses to administer first aid/ seek medical assistance, and contact Emergency Contact):

MEDICAL INFORMATION (REQUIRED IN CASE OF ILLNESS OR ACCIDENT)

DOCTOR	
Doctor's Name:	
Doctor's Address:	
Doctor's Phone Number:	
Participant's Medicare Number:	



MEDICAL DETAILS OF PARTICIPANT	
<p>Do you suffer from any of the following conditions?</p> <p>(please tick)</p>	<p> <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure </p> <p>Other (for example, anxiety, depression, or mental illness that might impact on your participation or interaction. Please outline any strategies or triggers the CREATE staff should be aware of in order to help):</p>
<p>Do you suffer from any of the following allergies?</p> <p>(please tick)</p>	<p> Penicillin Bee Sting Nuts Food Allergies (Please Specify) Other (Please Specify) </p>
<p>Are you taking any prescription medication?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please give name/s and details of how often you take the medication</p>	
<p>Do you manage your medication yourself?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If No, what support do you need to assist you with medication? (CREATE staff can store medication, but cannot be responsible for administering medication.)</p>	
<p>Do you have any health issues or disabilities that might affect your participation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please provide details.</p>	
<p>What, if any, support will you need with these issues during your participation?</p>	
<p>If known, what was the date of your last tetanus injection?</p>	<p>Date:</p>
<p>What is your blood type (if known)?</p>	
<p>Do you have any special dietary requirements? (Please Circle)</p>	<p> Vegetarian Vegan Coeliac Other (provide details) </p>



PRIVACY STATEMENT

CREATE understands the sensitive nature of the information collected on this form. This information will be used so CREATE can make sure you are well supported during our events, we know who to contact should any problems occur and so that you understand your obligations during participation. The information on this form will be securely stored in accordance with our Privacy Management Policy.

No identifying information is passed on to anyone outside CREATE, unless warranted by a medical emergency or critical incident.

If you do not provide the information requested on this form your participation in programs and activities may be affected.

CREATE will retain and use the information you have provided on this form for a period of 12 months from the date of signing. If any information on this form becomes outdated, it is important that you let us know next time you participate in a CREATE program/activity. If you participate in any CREATE programs or activities after 12 months we will ask you to fill out a new form.

PARTICIPATION CONSENT AGREEMENT

This consent agreement must be signed by the Participant (if 18 years of age or over) or by the Participant's Carer / Legal Guardian (for Participants aged under 18). Photo permission cannot be provided for children and young people under the age of 18 years of age unless signed by the appropriate statutory body.

- The Participant has freely chosen to participate in all CREATE activities and programs which they attend.
- I understand and approve of the Participant's involvement in the CREATE activities and programs referred to in this document.
- I hereby agree to take full responsibility for the Participant's actions while attending CREATE programs and activities. I will not hold CREATE or its staff responsible as a result of any illness or injury that the Participant may suffer or experience while attending. If the Participant is ill or has an accident during this time, I give permission for CREATE to obtain medical assistance and treatment as it believes is required in the circumstances. I agree to meet any expenses incurred in that event.
- I understand that if the Participant causes damage to any property during the course of an activity or program, the cost of damage/repairs may be charged to:
 - if the Participant is aged 18 or over – the Participant;
 - if the Participant is under 18 – the Participant's Carer/Guardian or, if the Participant is under a Care Order, the government department responsible for the care of the Participant.
- I understand and agree that if the Participant's behaviour is inappropriate, CREATE may require the Participant to leave the Camp or excluded from participating. Where appropriate and possible, the Participant's Carer or worker will be contacted to collect the Participant.
- If required, I have completed the Individual Needs Register to ensure that all pertinent information is provided about the needs and behaviours of the Participant that will affect the quality of their engagement and safety of others.



- I give permission for the Participant to travel by appropriate transport during and for the purpose of programs and activities.
- I give CREATE permission to use any written material, art work or similar works generated by the Participant, stories relating to the Participant or photographs of the Participant created in relation to the Camp or any activities conducted in relation to the Camp, for the purposes of media, advertising, promotion or otherwise furthering CREATE's organisational objectives at any time in the future.

Name	Signature
Relationship to Participant (If participant is under 18)	
Mobile	Date
Work Phone	Home Phone

If any of this information changes, please advise CREATE to update our records.