



creating a better life
for children and young
people in care

GENERAL PARTICIPANT INFORMATION AND CONSENT FORM

PROGRAM DETAILS

This form:

- applies to the Participant’s participation in all programs and activities run by the CREATE Foundation (**CREATE**), including but not limited to, Consultations, Youth Advisory Group Meetings, the Speak up Program (**SUP**) and the CREATE Your Future Life Skills Program;
- is held on CREATE’s premises or elsewhere; and
- is stored for a period of 12 months following the date that the Participant/Participant’s Carer / Legal Guardian signs this form.

DEFINITIONS – WHAT DO THE IMPORTANT WORDS IN THIS FORM MEAN?

Participant: This refers to any child or young person with a statutory care experience who is taking part in CREATE programs or activities, including but not limited to Youth Advisory Groups, the Speak Up and CREATE Your Future program.

Carer: A person who provides day to day care for a child or young person.

Legal Guardian: A person who has the legal authority to care for a child or young person. For some children in care, their legal guardian is the head of their state government department responsible for out-of-home care.

Individual Needs Register: A register used to record the individual needs of a child or young person who will be, or is likely to, attend a CREATE program or Activity.

Camp: Any program or activity which involves Participants sleeping overnight for at least one night at a venue external to their home.

PARTICIPANT DETAILS

First Name:		Last Name:	
Home Phone: (incl. area code)		Work Phone:	
Email:		Mobile Phone:	
I identify as: (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I identify with another gender <i>Please specify:</i> _____	DOB:	
Home Address:			
Suburb:			



State:		Post Code:	
Mailing Address:			
Suburb:			
State:		Post Code:	
Cultural identity	<p>Culturally, I identify as:</p> <p><input type="checkbox"/> Aboriginal</p> <p><input type="checkbox"/> Torres Strait Islander</p> <p><input type="checkbox"/> Both Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Other Cultural Group (non-English speaking background)</p> <p><i>Please specify:</i> _____</p> <p><input type="checkbox"/> None of the above</p>		
What type of placement do you live in at present?	<p>Please select <u>only one</u> of the following:</p> <p><input type="checkbox"/> Foster care</p> <p><input type="checkbox"/> Kinship care</p> <p><input type="checkbox"/> Residential care</p> <p><input type="checkbox"/> Permanent care</p> <p><input type="checkbox"/> Semi-independent supported accommodation</p> <p><input type="checkbox"/> Independent living</p> <p><input type="checkbox"/> Other</p> <p><i>Please specify:</i> _____</p>		

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)

USUAL DOCTOR

Doctor's Name:	
Doctor's Address:	
Doctor's Phone Number:	
Participant's Medicare Number:	
Participant's Healthcare (concession) Number (if any):	

MEDICAL DETAILS OF PARTICIPANT

<p>Do you suffer from any of the following conditions? (please circle)</p>	<p>Asthma Epilepsy Heart Disease Diabetes</p> <p>Arthritis High Blood Pressure 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? (please circle)</p> <p>Penicillin Bee Sting Nuts</p> <p>Food Allergies (Please Specify)</p> <p>Other (Please Specify)</p>
<p>Do you take any prescription medications?</p>	<p>Yes No</p>



If Yes, please give the name/s and details of how often you take the medication	
Do you manage your medication yourself?	Yes No
If No, what support do you need to assist you with medication? (CREATE staff can store medication, but cannot be responsible for administering medication)	
Do you have any health issues that might affect your participation?	Yes No
If Yes, please provide details	
What support (if any) will you need with these issues during your participation?	
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say Other (Please specify):
If you answered Yes to the above - are you receiving special support for your disability? (This could include medication, special education, or counselling)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say Any additional comments:
What type of disability or impairment do you have (<i>describe in your own words</i>)?	
What is your blood type (if known)?	
Do you have any special dietary requirements? (Please Circle)	Vegetarian Vegan Coeliac Other (provide details)
Do you need any additional support to participate or to maintain physical and emotional safety of themselves or other participants?	Yes (Please provide details): No:



PRIVACY STATEMENT

CREATE understands the sensitive nature of the information collected in this form. This information will be used so CREATE can make sure you are well supported during our events, so we know who to contact should any problems occur and so that you understand your obligations during participation. We will also retain and use the information for our internal records and purposes.

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 because 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 and agree that if the Participant causes damage to any property during an activity or program, the cost of damage/repairs may be charged to:
 - if the Participant is aged 18 or over – the Participant; or
 - 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 be 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 CREATE permission to use any:
 - Material written by the participant;
 - Art work or similar works generated by the Participant;
 - Stories relating to the Participant; or
 - Photographs of the Participant

created in relation to the CREATE program they are participating in, for the purposes of advertising, promoting or otherwise furthering CREATE’s organisational objectives at any time in the future. CREATE will abide by state and territory laws regarding the identification of children and young people under 18.

- I am over 18 and consent to my:
 - First Name;
 - Last Name;
 - Gender;
 - Age; or
 - None of the above

to be identified in association with my work or photos. CREATE will abide by state and territory laws regarding the identification of children and young people in care or with a care experience.

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.