**Young Persons Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander? Yes  No

Country of Birth: 🞎 Australia 🞎 Other

Interpreter required: 🞎 No 🞎 Yes Language

Food allergies: 🞎 No 🞎 Yes Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is transport required? 🞎 No 🞎 Yes - Please see transport consent below.

**Parent/Career Contact Details:**

Parent/Career Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Same as Above 🞎Yes 🞎 N\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Confidentiality Agreement**

Uniting Wimmera uphold the standards of client privacy and confidentiality in accordance with policies and procedures. Workers respect that information shared by a client belongs to that client. Client information will not be shared unless:

* Consent is previously given, where possible in writing
* There are significant issues or concerns of safety or wellbeing that ethically or legally require a worker to report to authority e.g. DHHS Child Protection
* Criminal or issues of criminal nature are disclosed, in which information will be shared with appropriate authorities e.g. Police

I understand the above terms of confidentiality upheld by Uniting Wimmera and by signing this form, I agree for my child’s personal details to be recorded on a client management system and stored securely.

Date: / /

**Photo / Video Permissions**

I, consent for photos of my child/ren to be used for marketing and media purposes only by Uniting Wimmera.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Transport consent**

I, consent for my child/ren’s relevant information to be shared by Uniting Wimmera, with the transport provider.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_