

Participant details and information sheet

PROGRAM DETAILS			
Name of program or activity:		Period of consent:	1 st July 2016 - 30 th June 2017
Location:			
CREATE contact person:	CREATE Community facilitators on 09 9267 0977 or the Senior Community Facilitator on 0432 670 443		
Are you a Club CREATE member? If not, join up here: http://clubcreate.create.org.au/NMJoin.aspx (optional)			

PARTICIPANT DETAILS					
First Name:		Preferred Name:		Last Name:	
Home Address					
Street:				Date of Birth:	
Suburb:				Age:	
Postcode:		State:		Sex:	
Mailing Address (if different to home)					
Street:					
Suburb:					
Postcode:					
Email Address:					
Home Phone:			Mobile/Other Phone:		
Cultural Identity					
What culture do you identify with?			Is English your second language?		
Are you Aboriginal or Torres Strait Islander?			What is your first language spoken at home?		
Care Status (Please circle)					
Ministerial Parental Responsibility			Custody Order		
Temporary Care			Relative/Kin care		
Relative/Kin Care			Adoption		
Living Arrangement (Please Circle)					

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Foster Care	Residential Care	Living with extended family
Refuge	Independent	Other , Please Specify:

SUBSTITUTE DECISION MAKER (Carer, friend, sibling, other family/foster family member?)			
Name:		Relationship:	
Phone:		Mobile Phone:	

EMERGENCY CONTACTS			
First Contact			
Name:		Relationship:	
Phone:		Mobile:	
Second Contact			
Name:		Relationship:	
Phone:		Mobile:	
Instructions in the event of illness or accident, if other than administer first aid or seek medical assistance:			

MEDICAL INFORMATION			
Doctor's Name:		Phone:	
Address			
Street:			
Suburb:			
Postcode:		State	
Medicare Number:			

DO YOU CURRENTLY SUFFER FROM OR HAVE A HISTORY OF: (PLEASE CIRCLE)		
Respiratory Problems e.g. Asthma	YES / NO	If yes please specify:
Skeletal Injuries	YES / NO	If yes please specify:

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e.g. ligaments, muscles, fractures		
Headaches / Migraines	YES / NO	If yes please specify:
Any Phobias	YES / NO	If yes please specify:
Seizures, Epilepsy	YES / NO	If yes please specify:
Diabetes	YES / NO	If yes please specify:
High or Low Blood Pressure	YES / NO	If yes please specify:
Heart Problems	YES / NO	If yes please specify:
Are you allergic to any FOODS?	YES / NO	If yes, what food?
Are you allergic to any MEDICATIONS?	YES / NO	If yes, what medication?
Are you allergic to anything ENVIRONMENTAL?	YES / NO	If yes, what environmental factors?
If yes, to any of these above: How do you react to this allergy?		
Is this allergy an anaphylactic reaction?		YES / NO
What is your blood type (if known)?		
Are you suffering from any recent illness or injury? If yes, please specify.		YES / NO
Do you wear any of the following:		
Contact Lenses	YES / NO	
Dentures	YES / NO	
Hearing Aid	YES / NO	
Have you had a Tetanus Shot? If yes, please specify.	YES / NO	
Do you have any special dietary requirements? If yes please specify.	YES / NO	
Are you on any prescribed or over the counter medication	YES / NO	
	What is the medication?	
	What is the dosage?	

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(including dietary supplements)?	What is the Medication for?	
	Do you manage your medication yourself?	YES / NO
	If no, what support arrangements do you need to assist you with medication? (CREATE Staff can store medication but cannot be responsible for administration of medication)	
Do you have any health issues or disabilities that might affect your participation? If yes, please specify.		
What, if any, support will you need with these issues during your participation?		
Anything else we should know?		

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.

CREATE will retain the form only during the activity, or for the period specified on this form.

The information 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 this information your participation may be affected.

PARTICIPATION CONSENT AGREEMENT

This consent agreement must be signed by the participant if 18 years of age or over or by the Carer /Legal Guardian of a person under 18.

- I understand and approve of my / the participant’s involvement in the activity/program/camp stated above.
- I hereby agree to take full responsibility for my / the participant’s actions. I will not hold CREATE Foundation and its staff responsible as a result of any illness or injury I/the participant may suffer unless they do not look after me properly. If I am sick or have an accident and where my emergency contact person cannot be contacted, I give permission for CREATE to obtain necessary medical assistance and treatment required. I agree to meet any expenses incurred by me / the participant in that event.
- CREATE has an illusion free policy which means we support an illicit drug and alcohol free environment within its programs and activities.
- If I cause damage to any property or venues and I am under 18, I understand that the cost of repairs may be charged back to my Carer/Guardian, or if I am under a Care Order, to the government department responsible for my care. If I cause damage and I am 18 years or over I understand that I may be charged the cost of damage or repairs.
- I understand and agree that if my/the participant’s behaviour is inappropriate, I may be required to leave early. My carer or worker/I may be contacted to collect the participant.
- I can provide my own transport/ the participant’s transport or use public transport to and from CREATE activities. Throughout a CREATE Foundation activity/program/camp the participant may be transported in a vehicle.

Name		Signature	
Relationship to participant		Date	
Home number		Work number	
			Mobile number

If any of this information changes, please advise CREATE so we can update our records.



Multi-Media Permission Agreement

The CREATE Foundation is a peak consumer body that promotes the voices of children within the care sector. CREATE's mission is: Creating a better life for children and young people in care.

CREATE offers opportunities for children and young people to have a say in a variety of ways. Where possible we use children and young people's photos and artwork in our promotional materials and fundraising activities.

Consent

I, _____ agree to the following as the conditions of my participation in the CREATE Foundation's promotional, marketing and fundraising activities.

I understand that:

- 1 I do not have a right to receive any royalty, payment or other compensation for any works that are created, or for any use the CREATE Foundation makes of my story, artwork, video/DVD, or photography in the future.
- 2 I hereby assign all legal rights and interest, including copyright, in all materials provided to the CREATE Foundation.
- 3 I understand that my permission is not time limited.
- 4 I agree that the information I provide to the CREATE Foundation will be honest and truthful.
- 5 I agree that the CREATE Foundation may:
 - (a) make any changes to any work, including reproducing, publishing, editing, copying, adapting, showing or exhibiting to the public, materially distorting, destroying or altering any of the works; and use any of the works in any way it sees fit.
- 6 I agree that the CREATE Foundation will only use my full name or photo in connection with any of the materials provided if I am over the age of 18 years and have given my express permission. If I have not permitted the CREATE Foundation to use my name or photo, I agree that the CREATE Foundation may use the materials without identifying me personally, or as the author of the work or any part or adaptation of it.
- 7 I agree that I can only give permission for my full name or photo to be published (or made public) if I am over 18 years old.

Name of child/young person			
Date of Birth		Age	
Contact Details	Address	Mobile	Home phone

I confirm that I am or have been in the out-of-home care system- (please circle) YES NO
I give permission to use the following materials- (please circle) YES NO
Personal story – fiction or non-fiction-(please circle) YES NO
Artwork – drawing, sketches, collage etc. - (please circle) YES NO
I am over 18 years old and give permission for CREATE to publish my name, photograph or image. - (please circle) YES NO

Signature of child / young person: _____ Date: __/__/__

If you are under 18 years of age photo permission has to be gained from your legal guardian.

Full name of legal guardian: _____

Signature of legal guardian: _____ Date: __/__/__