

Cannington Youth Space

Participant Details

FIRST NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

SCHOOL (if relevant): _____

SUBURB: _____

AGE: _____

GENDER (please select): Male Female Other

CULTURAL BACKGROUND: (please select) Aboriginal &/or Torres Strait Islander

Culturally and Linguistically Diverse

Other

PARENT/ GUARDIAN DETAILS

PARENT/ GUARDIAN NAME:

RELATIONSHIP TO PARTICIPANT:

CONTACT NUMBER:

EMAIL ADDRESS:

Do you want to be kept in the loop with information related to upcoming youth activities, events and programs? (Please select) Y N

EMERGENCY CONTACT DETAILS *If different to the parent/ guardian listed above

EMERGENCY CONTACT NAME:

RELATION TO YOUNG PERSON:

CONTACT NUMBER:

SECOND CONTACT NUMBER:

HEALTH & WELLBEING INFORMATION

Please provide us any relevant information that our team may need to ensure you/ your young person receives appropriate care, support and a safe environment in this program. If you answer "yes" for any of these questions, please provide details below. Do you/ your young person have any of the following;

	YES/NO	Details
Food (or other) allergies/dietary requirements		
Medications		
Medical/ behavioural conditions or disabilities/ impairments		
Any contraindications to exercise		
Other information		

Parent/ guardian waiver:

I _____ confirm that I have read, understood and agreed to the information pertaining to my young person _____ as listed in the **Cannington Youth Space** Application. I have disclosed all relevant information regarding physical, mental or other wellbeing concerns and health conditions that will allow the City's Youth Team to best support my young person in this program.

Medical consent

I acknowledge and agree that in the event of my young person suffering any injury, illness or medical emergency, the City of Canning, its employees and/ or agents will arrange any necessary medical assistance or hospital treatment which they deem necessary and I agree to meet all of the costs of any medical or hospital treatment or transport incurred. I understand the City of Canning staff shall make an effort to contact me as soon as reasonably practical after the occurrence of the injury or illness.

Photo consent

I understand photograph(s) or media may be taken of my young person during their time in the Youth Service and all associated programs, activities or events. I give consent for the City of Canning to use/ publish these photographs/ media in any City of Canning promotional material with the understanding that they incur no fee and I have no interest in the copyright of the images. I further understand that the photographs/ media may be used in a number of different publications/ promotional items, both within the City of Canning, Cannington Community College, Sevenoaks Senior College and any other partner organisations

Duty of care

The City of Canning is committed to providing safe and supported environments where young people can feel welcome and thrive. Our qualified youth team will do all they can to ensure young people are safe, supported and supervised during their time on our programs and in our centres. A large part of our Youth Service is delivering drop-in from youth centres and outreach activities at various locations; meaning young people can come and go as they please during opening times. Please note: if a young person chooses to leave in the middle of a program or centre open hours, they have the right to do so. City of Canning does not take responsibility for young people who leave the centre/ facilities or are not in the premises. City of Canning youth staff do not have the authority to keep young people at our premises at the request of parents and do not provide a transport service home. It is the responsibility of the parent/ guardian and young person to make their own transport arrangements to and from the program.

Information

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Communicare's "Make Your Move" program information

The Cannington Youth Space is partnering with Communicares Make Your Move Program for Term 4: please read the information below that is pertinent to Communicare's operations and activity.

Child Safe Organisation

Communicare is a Child Safe Organisation and is committed to the safety of all children and young people. We have no tolerance for child abuse or behaviours and actions that impact the safety and wellbeing of children and young people.

If any Make Your Move team member has reason to believe any harm has occurred towards a child, this will be discussed with you and may need to be reported in line with Western Australian legislation.

White Ribbon Workplace

Communicare is committed to advocating zero tolerance of violence against individuals and families within our communities. Immediate action will be taken to respond to and prevent violence occurring.

Coronavirus or Covid-19

Communicare requires all program participants to follow hygiene advice and actions set out by the Department of Health to minimise risk of infection and spread of the virus.

Client Conduct

Make Your Move expects all of its participants to behave in a respectful manner. Anyone known, or suspected to be under the influence of alcohol or other drugs will not be permitted to remain in the program.

Department of Health Data Collection

The Department of Health requires Make Your Move to collect demographic data of participants to measure its performance and be able to evaluate the program. This is not a collection of personal information, so therefore does not identify the individual attending the program.