

# YOUTH CONSULTANT NETWORK

## Sign-Up Form

The City of Canning is excited to implement the *Youth Consultant Network (YCN)* – a collection of young people that live, work, study and/or play within the City of Canning who meet monthly to consult with the City on aspects that affect them and their community. This is an opportunity for young people to have their perspectives heard, documented and advocated for by the City of Canning on a variety of present and emerging projects, decisions and strategies. The City of Canning acknowledges that the voice of young people is pivotal in shaping the future of their Canning.

### Membership Requirements

The *Youth Consultant Network* is open to young people aged 13 – 25 within the City of Canning. This however is not limited to those who hold a Canning residential address; it also extends to young people who work, study, accesses services or participate in the City of Canning in other ways.

Membership to the *Youth Consultant Network* is free and voluntary. Members who wish to exit the network can do so at any time by advising the Canning Youth Services Team via the contact details listed on the following page.

### Meetings

*Youth Consultant Network* meetings will be held monthly at a selected City of Canning location– Such as Lynwood Youth Hub or Hillview Intercultural Community Centre. The location of each meeting will be determined in advance and members notified with due notice. Each meeting will be 2-hours in duration unless in outstanding circumstances where an adjustment/s is required. Meetings will be staffed by a minimum of two City of Canning Youth Services staff, with occasional appearances from other internal City department representatives and/or other guests provided they hold a valid working with children check.

### Member Obligations

Although membership to the network is voluntary, there are some expectations around attendance and engagement with the network. As registrations to the network are rolling and ongoing, it is important that spaces are afforded to those who are committed to continuous engagement. Members should be aware that if they are absent for three (3) consecutive YCN meetings, without providing reason, they will be exited from the network. Exited members will have the opportunity to re-join the network at a later date.

### Member Benefits

There are a number of perks included with membership to the *Youth Consultant Network*, these include:

- Opportunity to have your voice heard in City of Canning decision making, actions and initiatives.
- Prizes – Occasionally prizes will be rewarded for involvement in consultation and engagement projects.
- Free food – Catering will be provided at each YCN meeting including food, drinks and snacks. Please ensure you complete the dietary requirements section of this form to ensure our team has knowledge of any dietary considerations.

### Communication and Correspondence

Communication to the YCN will be via email. By providing the young persons email address, the Canning Youth Services team will be able to distribute meeting details, meeting minutes, upcoming opportunities for participation and other correspondence. Contact information will not be shared with, or amongst other, young people in the network.

### Information Sharing

Under the *Privacy Act 1988*, we have an obligation to tell you why we are collecting this information and what we do with it. The information collected is for the safety, protection, and wellbeing of people entering our centres and programs. This information is also used to ensure the Youth Services team

can uphold duty of care obligations at our programs and services, to evaluate the effectiveness of our programs and services, and to inform our responses to emergencies or other situations that may arise.

From time to time, we may ask your permission to share your information with other organisations who can support you with challenges you are facing. Staff will request this when they believe it will be of benefit, but it is important to know that you have the right to say no to this request.

The only time we may share your information outside of the outline above and without your permission is if there is a threat to your health or safety, or a threat to the health and safety of others.

### Contact Information

For any enquiries regarding the Youth Consultant Network, please contact [youth.services@canning.wa.gov.au](mailto:youth.services@canning.wa.gov.au).

To register for the Youth Consultant Network, please complete the following form in full and return to [youth.services@canning.wa.gov.au](mailto:youth.services@canning.wa.gov.au) or deliver to Lynwood Youth Hub (Edgeward St, Lynwood, WA 6147) at any time between 9am – 5pm, Monday to Friday.

### Participant Details

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School/Education Institute (If relevant): \_\_\_\_\_

Suburb: \_\_\_\_\_

Gender: \_\_\_\_\_

### Contact Information

Mobile Number: \_\_\_\_\_

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

### Emergency Contact Details

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

Relationship of Emergency Contact to Young Person: \_\_\_\_\_

Emergency Contact Mobile Number: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

### 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 at our centre's & programs. If you have ticked "yes" for any of these questions, please provide details below.

Food/Other Allergies: \_\_\_\_\_

Medication (If appropriate): \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Relevant Medical Conditions or Disabilities: \_\_\_\_\_

Please provide any further information here:

### Photo Consent

I understand that the Youth Services team will take photos during associated programs, activities, or events.

**(If Under 18)** I give permission for the City of Canning to use my young person's photograph for promotional purposes. I am aware that this photo may be used in media, print, social media, and electronic advertising. I agree that I will not seek from the City of Canning any talent fees or compensation for using the photograph.

Do you give photography consent for your young person? (Please circle or highlight): Yes / No

**(If over 18)** I give permission for the City of Canning to use my photograph for promotional purposes. I am aware that this photo may be used in media, print, social media, and electronic advertising. I agree that I will not seek from the City of Canning any talent fees or compensation for using the photograph.

Do you give photography consent for yourself? (Please circle or highlight): Yes / No

***Please note** this is an ongoing arrangement with the City during membership, though you have the right at any time to change your preference permission by contacting the City of Canning's Youth Team in writing.*

### Parent/Guardian Waiver (If Under Age 18)

I \_\_\_\_\_ confirm that I have read, understood, and agreed to the information pertaining to my young person \_\_\_\_\_ as listed in the City of Canning's Youth Services Membership Form. 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 the Youth Service.

#### 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 the costs of any medical or hospital treatment or transport incurred. I understand the City of Canning staff shall endeavour to contact me as soon as reasonably practical after the occurrence of the injury or illness.

I am aware that participation in the youth service (events, activities, programs, and centres) involves risk, and that in undertaking these activities my young person does so at their own risk. I hereby **indemnify** the City of Canning, its employees and/or agents from all liability arising from injury, disablement or death and agree that the City, its employees and/or agents will not be liable for damage, loss, or theft of personal or third party property howsoever caused.

My young person has read the participant behavioural code and understands the conditions. I agree that my young person may be sent home or asked to leave the centre/ program at the discretion of the City of Canning's Youth Team

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

### Young Person Membership Agreement

I \_\_\_\_\_ agree to abide by the City of Canning Youth Service rights and rules which includes, have a **right** to feel safe, be respected, welcomed, and supported by City of Canning staff and other young people while I am in the youth spaces, centres, events, or programs. I also understand I have a **responsibility** to make sure other young people, staff and facilitators all have the same rights and as such I understand the Youth Service tolerates no:

- Bullying, exclusion, or discrimination
- Swearing
- Violence or aggressive behaviour / other inappropriate behaviour
- Theft or deliberate damage to property and belongings
- Smoking, Vaping, drugs, or alcohol
- Weapons or illegal items brought to the centre or any program / event

I have read and understood the City of Canning's Youth Service *Rights & Responsibilities* and agree to abide by them. I understand that if I break these rules, I may be asked to leave the program/ centre, sent home immediately or potentially barred from all future City of Canning youth activities and centres. I also understand that if I break any laws or engage in any criminal behaviour, the police or relevant authorities will be notified.

Young Person Name: \_\_\_\_\_

Young Person Signature: \_\_\_\_\_

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