



CIYEP

**CAIRNS INDIGENOUS YOUTH
EMPOWERMENT PROGRAM**

"A centre of excellence and integrity delivering empowerment programs to Indigenous peoples".

Consent Form

This document covers all activities/locations in all forms of media including but not limited to;

- Social Media
- Websites
- Promotional Material
- Film
- Photo

I (Insert Name), _____ on the (Date) _____

Of (Address), _____

(If Applicable)

For parents/legal guardians of children (if applicable)

1. Declare that I am the parent/legal guardian of the following child /children

By giving consent I;

2. Agree to Cairns Indigenous Youth Empowerment Program (CIYEP), its employees, officers, agents and other contractors
 - a) Making images, recordings whether sound, digital or otherwise, of me and my children (Images and Recordings)
 - b) Using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to; newspapers, magazines, social media, brochures, television advertisements, promotional videos websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials") and
 - c) Retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally including but not limited to, deposit of the Images and Recordings into the Cairns Indigenous Youth Empowerment Program (CIYEP) library/Files
3. Agree that the rights granted to the state under the clause 2 of this Image Consent form are perpetual and that I will not receive any payment royalty to other consideration (whether monetary or otherwise) from Cairns Indigenous Youth Empowerment Program (CIYEP) in connection with the making, use or storage of the images and recordings
4. Agree to Cairns Indigenous Youth Empowerment Program (CIYEP) collecting, storing, handling, accessing, managing, transferring, using and disclosing personal information about me and the Children, including but not limited to our name, details and image, in connection with the Images and Recordings or Promotional Materials;
5. Acknowledge and agree that any promotional Materials which refer to me and the children, expressly or by implication, are, at the date of publication, made in good faith and are not intended to defame or offend me or the children or bring me or the children into disrepute and, to the best of Cairns Indigenous Youth Empowerment Programs (CIYEP) knowledge, are true and correct;
6. Agree that Cairns Indigenous Youth Empowerment Program (CIYEP) is the owner of the copyright in the images and recording and the physical Images and Recordings; and
7. Acknowledge that a representative of Cairns Indigenous Youth Empowerment Program (CIYEP) has explained the contents of this Image consent form to me and I am signing this photo consent form of my own free will, on the full understanding and comprehension of the terms of this Image consent form.

Privacy Notice

Cairns Indigenous Youth Empowerment Program (CIYEP) is collecting the information on this consent form in order to use the images and recordings of you or your children in Promotional Materials for the organisation and as otherwise stated. This information only be accessed by authorised employees within the organisation. Some of this information may be given to other contractors of the organisation and other authorised users for the purpose of using the images and recordings of you and the children in promotional materials. Your information will not be given to any other person or agency unless you have given us your consent or we are required to permit by law.

Parent/Guardian/Client Print Name	Witnessed by Print Name
Signature	Signature
Date	Date

I/We do hereby give permission for our child _____ to attend diversion activities with Cairns Indigenous Youth Empowerment Program (CIYEP), which may include but not limited to; Sporting Activities, Day Trips- e.g. Lake Eacham/Tinaroo, Swimming, BBQ's, Fishing, Music/Art or Cultural Events

CIYEP will transport

In your opinion as Parent/Guradian/Caregiver, how strong of a swimmer is this young person.

- 1 – Very confident, needs little supervision 2- Confident but is easily exhausted 3 – Can swim but needs support 4 – Needs one on one supervision 5- Unsure.

Parent/Guardian/Caregiver	Signature	Date
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CLIENTS DETAILS

Name:		Age:		Date of Birth	
Phone (Hm):		(Mb):			
Address:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Identifies as:	
Culture:	Aboriginal		Torres Strait Islander		Other

PARENT/GUARDIAN/CARE PROVIDER DETAILS

Name:		Age:		Date of Birth	
Phone (Hm):		(Mb):			
Address:					
Culture:	Aboriginal		Torres Strait Islander		Other

MEDICAL DETAILS

Allergies:					
Treatment required:					
Dietary Requirements:					
Does the applicant suffer from any of the following? (If YES, please give details)					
Asthma:	YES / NO	Epilepsy fits:	YES / NO	Anxiety/Mental health	YES / NO
Respiratory problems:	YES / NO	Heart problems:	YES / NO	Sugar Diabetes:	YES / NO
Does child carry a Inhaler or Epipen? Do you consent CIYEP Staff to administer?					YES / NO
Please list any medication taken and other medical concerns CIYEP staff need to be aware of:					
Consent for Treatment – I/We hereby authorize Cairns Indigenous Youth Empowerment Program (CIYEP) staff to obtain medical attention for my son/daughter in the event of illness or injury. I understand that I am responsible for the costs of such medical expenses as may be necessary. I further authorize the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician is deemed necessary.					
I understand that all CIYEP staff have a current working with minors Blue Card and Senior First Aid Certificate.					
Release of Liability – I/We do hereby release Cairns Indigenous Youth Empowerment Program (CIYEP), its employees, and any volunteer assistants from any liability whatsoever arising out of any injury, illness, damage or loss which may be sustained by the said person during the course of involvement with Cairns Indigenous Youth Empowerment Program (CIYEP) staff.					
Name:		Signature:		Date:	

PRESENTING ISSUES

<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Family	<input type="checkbox"/> Peers	<input type="checkbox"/> Health	<input type="checkbox"/> Identity
<input type="checkbox"/> Disability	<input type="checkbox"/> Financial	<input type="checkbox"/> Legal/law	<input type="checkbox"/> AOD	<input type="checkbox"/> Employment	<input type="checkbox"/> other
Provide Details					

ASSISTANCE REQUIRED

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I (insert name), _____ understand that

My information will remain confidential with the following exceptions:	Worker to initial
Information about my personal details will be available to the program staff.	
My needs may be discussed with other program workers to ensure my best possible care.	
My information will be available to the workers at the Department of Child Safety (DChS), stakeholder agencies involved in case plan and the Commission for Young People and Child Guardian if under 18 years of age.	
Limits to Confidentiality, this means other reasons we would share your information without your consent: <ul style="list-style-type: none"> • If we believe you are at risk of harm to yourself or others • Health Issues – if you become sick and need medical attention • When information is required by law, for example, a court case 	
If a client of a Department of Child Safety (DChS) program, my records will be returned to DChS when I am no longer involved with the service; when I turn 18 years of age; when I am no longer subject to a child protection order; or when the service ceases to operate; whichever is the earliest. I understand that I will need to contact the Department of Child Safety to access these records. Records from other programs will be archived for 7 years.	(If Applicable)
I give my consent for my information to be collected and stored. I understand that my personal information will be stored, either in hard copy or in electronic form, in accordance with the Privacy Act 1988 and is protected against loss, unauthorized access, use, modification or disclosure.	
I can access my information by asking a worker.	
I have the right to withdraw my consent at any time.	
Information about my personal details will be available to the program staff.	

Consent to Exchange Information
I give consent, for information regarding my case plan and to ensure my best possible care, to be shared between program workers and the following list of individuals and organisations:

Individuals / organisations	Clients signature	Worker to initial

Privacy Notice
Any consent recorded on this document only remains current while the individual is a client of Cairns Indigenous Youth Empowerment Program (CIYEP). Clients may request a review of this document and may withdraw non mandatory consent at any time.

Privacy and consent to exchange information has been explained to me in a way that I understand and feel comfortable with:

Parent/Guardian/Client Print Name	Witnessed by Print Name
Signature	Signature
Date	Date