



Youth program enrolment

Program Details

Program	Year	Term
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Young Persons Details

First name	Last Name	Preferred Name	
Address	Suburb		
Postcode	Email		
Age	Date of birth	Gender	Mobile

Health and Wellbeing

To create an opportunity for the young person to have an enjoyable experience in the program could you please indicate if any of the following apply.

Disability <input type="checkbox"/> (YTH218)	Asthma <input type="checkbox"/> (YTH219)	Allergy <input type="checkbox"/> (YTH220)	Epilepsy <input type="checkbox"/> (YTH221)
Medication <input type="checkbox"/> (YTH224)	Additional or complex needs <input type="checkbox"/> (YTH218)	Existing Care Plan <input type="checkbox"/> (YTH222)	Other medical condition <input type="checkbox"/> (YTH218)

If any box has been ticked could you please complete the Supplementary Information and/or Medical Condition forms.

Parent or Guardian Details Complete if the young person is under 18 years

Relationship to young person is...	Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>
Guardian or Carer <input type="checkbox"/>	Worker <input type="checkbox"/>	Other <input type="checkbox"/> _____
First Name	Last name	
Mobile Home	Address same as young person's <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> If no please complete this section	
Address	Suburb	Postcode

Emergency Contact

First name	Last name
Relationship to young person	Mobile

Picking up the Young Person Who is authorised to collect the young person if under 18 years other than the parent or guardian

Full name	Full name
Relationship to the young person	Relationship to the young person
Mobile	Mobile



Family Arrangements

Are there any custody arrangements? Yes No If yes, please photocopy and attach to this form.

Are there any Power of Attorney Arrangements in place? Yes No If yes, please photocopy and attach to this form.

Supervision

Leaving the program The young person is allowed to leave the program or excursion alone. Yes No

Constant supervision The young person requires constant staff supervision. Yes No

Photographs Do you allow photographs/video footage to be taken of the young person during program? Yes No

Swimming Please indicate the young person's swimming ability. Non swimmer intermediate experienced .

Movie rating What rating do you approve the young person viewing in a movie or video? PG M MA

Responsibilities and Expectations for the Young Person and Wyndham Youth Services

- Fieldtrips are part of program delivery and will operate under normal supervision and program guidelines and may involve walking or being transported by council buses/cars to venues inside the municipality.
- Excursions are part of program delivery and will operate under normal supervision and program guidelines and may involve walking or being transported by council buses/cars to venues inside and outside the municipality.
- The minimum supervision ratio is 1 program staff member to 15 young people with 2 staff being present at all times.
- Staff will obtain medical assistance as is required and medical expenses will be met by the parent or guardian.
- The young person will conform to standards of behaviour and safety and if they do not adhere to these conditions the parent/guardian will collect the young person from the program, fieldtrip or excursion or the young person will be returned home at the parents/grandparents/guardians/workers expense and further participation may be denied.
- Equipment that is damaged as a result of the young person will be repaired or replaced at the parents/guardians expense.
- Refunds will only be given if 24 hours' notice and a Doctors Certificate are both provided.
- All personal belongings are the responsibility of the young person and Wyndham City does not accept responsibility for any items of value misplaced or stolen while on the program.
- Picking up the young person outside the noted end time will be an incurred expense for the parent/grandparent/guardian/worker of \$5 for every 5 minutes to cover paying staff overtime.
- Wyndham City may cancel activities due to circumstances beyond their control.
- Wyndham City and its staff members are free and clear of all responsibilities and liabilities whatsoever of any accident, illness, damage and or theft to personal property incurred during my participation in the delivery of a service or program and connected activities.

Sharing your Information

Youth Services at Wyndham City are collecting this personal, sensitive and health information to:

- Ensure young people are supported during specific program and general service delivery
- Ensure parents/grandparents/guardians/workers or emergency contacts can be easily contacted if required
- Assist Youth Services with strategic program and service planning, delivery and evaluation.
- Create an opportunity to provide you with promotional material about services and programs

It is assumed that all emergency contacts listed have been notified and have given permission for their details to be provided.

Youth Services staff shall enter this information into a database for data collation.

How your Information will be Used

The Personal, sensitive and health information will be used by Youth Services within Wyndham City for the primary purposes stated above or a directly related purpose. The Information you provide shall remain private within Council unless disclosure is required by law, or consented by you. You may apply for access and/ or amendment of the information by writing to the Wyndham City Privacy Officer.

Agreement on your Responsibilities and Information

- Provide permission for the young person to attend the Wyndham City program or service
- Accept the conditions noted in the section for 'Responsibilities and Expectations' and I have read and explained the conditions to the young person if under 18 years and they also understand and accept these conditions
- Consent to the collection and use of information and privacy statements as noted in the 'Sharing your Information' section
- Consent to the statement as noted in the 'How your Information will be Used' section.
- Acknowledge and accept that when a Power of Attorney is in place, Council will share any personal information about and shared by the young person with the guardian.
- I agree to disclose any Power of Attorney arrangements to Council that is entered into while I am accessing Council services.

I _____ (name) young person over 18 or the parent/grandparent/guardian/worker of _____

(Young person's name if under 18) hereby sign _____ (signature) to state my acceptance and consent to the points outlined above on _____ (date).

Office use only

NAR <input type="checkbox"/>	CRM <input type="checkbox"/>	Scanned <input type="checkbox"/>	Filed in CRM <input type="checkbox"/>
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