

Supplementary Information

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| **Section 1 – Program Details**  |
| Program: | Year: | **Term:** | **Date**  |
| **Section 2 – Young Persons Details** |
| First name  | Last name  |
| Date of birth  | Mobile number |
| **Section 3 – Parent or Guardian Details** |
| First name | Last name |
| Relationship to young person  | Preferred contact number |
| **Section 4 – General Practitioner Details** |
| Practice name | Contact number |
| Doctors full name | Suburb  |
| **Section 5 – Diagnoses of the Young person** |
| Please specify a diagnoses  |

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| **Section 6 – Physical Requirements**  |
| General physical health □ poor □ good □ excellent |
| Medical conditions □ yes □ no |
| If yes, please specify |
| What medical devices are required? |
| Specify when and how medical care is to be provided? |
| Specify how we can best support the young person |
| **Section7 – Emotional Requirements**  |
| General mental health □ poor □ good □ excellent |
| Mental health conditions □ yes □ no |
| If yes, please specify |
| Specify how we can best support the young person |
| **Section 8 – Interests**  |
| What are the young person’s leisure interests? |
| Is support required to participate? □ yes □ no |
| If yes, what level and type of assistance is required?  |

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| **Section 9 – Communication** |
| Speech difficulty/impairment? □ yes □ no |
| If yes, please specify |
| Hearing difficulty/impairment? □ yes □ no |
| If yes, please specify |
| Vision difficulty/impairment? □ yes □ no |
| If yes, please specify |
| How do you assist the young person with their communication? |
| How does the young person interact with their peers and adults?  |
| How does the young person react to strange and new places? |

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| **Section 10 – Supervision**  |
| Does the young person require supervision? □ yes □ no  |
| If yes, what level and type of supervision is required?  |
| Can the young person recognise common dangers such as traffic, hazards, hot and cold? □ yes □ no |
| If no, please specify what is of concern and how this is managed. |

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| **Section 11 – Behavioural**  |
| Are there any behavioural issues or concerns? □ yes □ no |
| If yes, please specify |
| How does your child indicate distress? |
| How does your child indicate anger and frustration? |
| What is the level of the young person’s social skills? □ poor □ good □ excellent |
| Specify how we can best support the young person |
| **Section 12 – Mobility** |
| Can the young person walk alone? □ yes □ no |
| If no, what level and type of assistance is required?  |
| Does the young person use a wheelchair? □ yes □ no | If yes, □ manual □ electric  |
| **Section 13 – Eating and Drinking**  |
| Does the young person eat and drink independently? □ yes □ no |
| If no, what level and type of assistance is required? |
| Are there any dietary restrictions or preferences? □ yes □ no |
| If yes, please specify |
| **Section 14 – Toileting**  |
| Does the young person require assistance with their toileting? □ yes □ no |
| If yes, what level and type of assistance is required? |

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| **Section 15 – Other information**  |
| Please note any other relevant information that will assist with ensuring the young person has an enjoyable experience. |
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| **Other Information Continued** |
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| **Section 16 – Consent**  |
| The personal, sensitive and health information collected will be used by Wyndham City - Youth Services for the primary or directly related purpose of ensuring the optimum health and wellbeing of the young person during program and service delivery. The information you provide shall remain private within Council unless disclosure is required by law, or consented to by you. You may apply for access and/or amendment of the information by writing to the Wyndham City Privacy Officer.I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) the parent/grandparent/guardian/worker of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (young person’s name) hereby sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) to state my acceptance and consent to the points outlined above on \_\_\_\_\_\_\_\_\_\_\_ (date). |

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| **Privacy Collection Statement** |
| Your personal and health information is being collected by Council 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 the services and programs

Your information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you.The information you provide shall remain private within Council unless disclosure is permitted by law, or consented to by you. You may apply for access and/or amendment of the information by writing to the Council’s Privacy Officer.For further information on how your personal and health information will be handled, refer to Council’s Privacy Policy at: <http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacypolicy> 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 collection. |
| **Agreement on your Responsibilities and Information** |
| I agree to:* 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 as noted in the ‘Privacy Collection Statement’ section
* Acknowledge and accept that when a Power of Attorney is in place, Council will share any personal information about or shared by the young person with the guardian
* 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/guardian/grandparent/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). |

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| **Office use only** |
| NAR □ | CRM □ | Scanned □ | Filed in CRM □ |