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| **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.
* 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 of illness to the young person and damage, loss and or theft to the personal property incurred during my participation in the delivery of a service or program and connected activities.
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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). |
| **Office use only** |
| NAR □ | CRM □ | Scanned □ | Filed in CRM □ | Contacted young person with additional information if indicated from the ‘Services and Programs’ section □ |

Youth Services Information Form

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| **Program Details**  |
| Program  | Year  | Term  |
| **Young Persons Details** |
| First name | Last Name  | Preferred Name |
| Address  | Suburb |
| Postcode | Email  |
| Age | Date of birth | Gender  | Mobile  |
| **Activity** |
| **Employment**  | **Study**  |
| Do you have employment? Yes □ No □ | Do you study Yes □ No □ |
| Casual □ Part time □ Full time □ | Name of facility |
| Position | School □ TAFE □ University □ Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer (optional) | Year level |
| **Cultural** |
| Are you of Aboriginal or Torres Strait Islander decent? Yes □ No □ | Languages/s spoken  |
| Cultural background | Do you require an interpreter? Yes □ No □ |
| Cultural requirements  |
| **Promotion**  |
| How did you hear about Youth Services?Friend □ School □ Youth Worker □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Would you like to receive promotional information on Youth Services? Yes □ No □ |
| Have you attended Youth Services in the past? Yes □ No □If yes, what was the program and when was it? | Would you like to be registered to have your say about local, state and national issues? Yes □ No □ |
| **Internet Café**  |
| Have you ever used the Internet Café at the Youth Resource Centre? Yes □ No □ |



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| **Parent or Guardian Details Complete if the young person is under 18 years** |
| Relationship to young person is… | Parent □ | Grandparent □ |
| Guardian or Carer □ | Worker □ | Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name | Last name |
| Mobile  | Home  |
| Address same as young person’s yes □ no □ 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. |

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| **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 □ (YTH218) | Asthma □ (YTH219) | Allergy □ (YTH220) | Epilepsy □ (YTH221) |
| Medication □ (YTH224) | Additional or complex needs □ (YTH218) | Existing Care Plan □ (YTH222) | Other medical condition □ (YTH218) |
| If any box has been ticked could you please complete the Supplementary Information and/or Medical Condition forms. |
| **Supervision Complete if the young person is under 18 years** |
| 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 □ MA 15 + □ |
| **Services and Programs Tick if you are interested in any of the services or programs below and a Youth Worker will contact you to provide further information** |
|  □ Counselling for young parents, personal issues,  sexual abuse and sexual health.  |  □ Weekly program for girls, guys, same sex attracted, Polynesian, young mums & disability. |  □ Drop ins at Point Cook, Tarneit, Penrose and  Wyndham Vale Community Centres |
|  □ Youth Committees |  □ Holiday programs |  □ Dance and music events |
|  □ Employment or educational support |  □ Legal assistance  |  |
| **Expected Behaviours Its important the facility, staff and other young people are treated with respect and consideration** |
| **Internet*** Being between 12 and 25 years to use the internet cafe
* Using the intranet for up to one hour per day
* Seeing the Reception staff before you use the computer
 | * Accessing only appropriate sites or chat rooms
* Using headphones on computers
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| **Facility*** Keeping food or drink away from the computer workstations
* Leaving the Youth Resource Centre clean and tidy
 | * Keeping noise to a minimum
* Playing nice with centre equipment
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| **Personal** * Respecting all staff and visitors
* Creating a safe environment
* Speaking to staff when there is an issue
* Taking care of your own stuff
* Keeping it ‘G’ rated
 | * Following centre staff instructions
* Respecting all walks of life
* Welcoming all from the community
* Sharing
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