

Supplementary Information

Section 1 – Program Details

Program:	Year:	Term:	Date
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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

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

Section 7 – 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?

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?

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.

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?

Section 15 – Other information

Please note any other relevant information that will assist with ensuring the young person has an enjoyable experience.

Other Information Continued

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).

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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