

Creating Chances Parent/Guardian Consent Form 2020

PART A: Child/Ward/Participant's Details

1. Child/Ward's Full Name

2. School Name (or Location) Grade

3. Sex Male Female

4. Date of Birth Day Month Year

 / /

5. Your place of residence

Suburb

Postcode

6. Was your child/ward born outside of Australia?

No

Yes

Country of Birth

Month & Year of Arrival to Australia

[Month] [Year]

7. Did your family come to Australia as a refugee / asylum seeker?

No

Yes

8. What is the language spoken at home?

9. Your Cultural/Ethnic Background (example: Iraqi, Samoan, Bosnian, Sudanese, Australian)

10. Are you of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin mark both 'yes' boxes.

No

Yes, Aboriginal

Yes, Torres Strait Islander

PART B: Parent/Guardian/Participant's Consent

Program Participation

As a parent or guardian, I acknowledge the above details are true and I consent to my child/ward participating in the Creating Chances program. In the event of an injury, I authorise the seeking of medical assistance on my behalf of my child. If the participant is over the age of 18, they may provide their own consent and signature.

Photo/Video Consent

Creating Chances often takes photographs & video footage of participants to use in promotion of the programs, with our partner organisations, in publications and in the media. Please indicate your wishes:

I do / do not give permission for photographs and footage featuring my child/ward being used for these purposes.

Information Sharing

The information we collect from the participant registration form will help us to keep track of who we work with, and to promote what and how we do it. It also gives us a chance to improve the program based on participant feedback. Necessary information may be shared with our funding partners such as name, date of birth, cultural background. The information provided will be stored privately and will be used to evaluate programs and services.

Evaluation

Creating Chances use surveys to evaluate the effectiveness of their programs.

I understand that Creating Chances use surveys to help them measure the effectiveness of their programs. I have read the full information about these procedures and understand that my child can also withdraw at any time without any consequences.

I give permission for my child/ward to participate in the evaluation survey.

I do not give permission for my child/ward to participate in the evaluation survey.

Parent/Guardian/Participant over 18 Full Name	Parent/Guardian/Participant over 18 Contact
Parent/Guardian/Participant over 18 Signature	Date

