

Name: _____ D.O.B: _____

Address: _____

Phone: _____ Email: _____

CONSENT

Collection and Release of Information

I, _____ acknowledge that Capricornia Training Company Ltd. (CTC) has:

- Advised me that information collected about me will be kept secure and confidential
- Advised me of my right to access personal information held about me
- Advised me of my right to correct personal information kept about me
- Advised me of my right to withdraw Consent at any time
- Advised me of the location of CTC's Statement of Rights and Responsibilities - Youth Services
- Advised me of the location of CTC's Privacy Statement

I am aware of and understand that CTC may need to collect and disclose personal information to third parties (only in relation to services being provided to me) in order to provide me with quality services that meet my needs.

I nominate that my personal information MAY be disclosed to the following person/s or agencies listed below:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I nominate that my personal information MAY NOT be disclosed to the following person/s or agencies listed below:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that CTC must comply with Privacy Laws and I will contact CTC immediately if I think my privacy has been breached.

Medical Assistance

I do give consent / do not give consent and authorise the person in charge to obtain such medical attention as may be deemed necessary should I become seriously ill or sustain a serious injury. I understand that should I give such consent, I will be responsible for all associated costs involved in the delivery of Medical Assistance.

I do authorise / do not authorise qualified medical practitioners to administer anaesthetic and blood transfusion if the necessity arises.

I willingly disclose the following information that may assist should I require Medical Assistance:

Regular medical practitioner: _____ Phone: _____

Transportation

I do agree / do not agree to be transported by CTC staff where necessary to access services. I understand that I will be under the supervision of CTC at all times during such transportation and will follow all reasonable directions.

Photographs, Recordings, Media and Promotions

I do authorise / do not authorise CTC to take and use for promotional purposes any photographs, video, sound recordings or multi media of me, and any other reproductions or adaptations either in full or part, in conjunction with any wording or drawings, in any CTC publications, production or presentation. I waive all rights to the material or any CTC publication, production or presentation that includes material about me.

Activity Participation

I will uphold CTC's Statement of Rights and Responsibilities and undertake to constructively participate in relevant activities that will assist me to achieve my goals and address barriers that are impeding my goals, growth or development. I will advise CTC if I decline to participate in any offered actions or activities.

INDEMNITY

I AGREE THAT MY PARTICIPATION IN ALL ACTIVITIES ASSOCIATED WITH CTC'S SERVICE/S ARE SUBJECT TO THE TERMS, CONDITIONS, ACKNOWLEDGMENTS AND WAIVERS SET OUT BELOW.

Services will primarily include 1:1 case management and mentoring support but (with the client's agreement) may also include but not be limited to:

- Transportation, which may include: car, bus, boat, plane etc.
- Group activities such as: fishing, bushwalking, cooking, swimming, sports, caving, high ropes etc.
- Training programs such as: Life Skills, personal, creative or functional skills development.
- Visits to agencies or sites such as Centrelink, Dep't Housing, Educational or Training Facilities etc.
- Participation in other activities/events relevant to the services being provided to me.

Participation risks could include but not be limited to:

- Motor vehicle accident, boating accident
- Injuries such as: sprains, broken bones, bruises, cuts, muscle injury, burns
- Sunburn, dehydration, insect bites, snake bite, allergic reaction, drowning, falls

RISK WARNING AND EXCLUSION OF LEGAL LIABILITY

This form must be signed by the client prior to being accepted as a client of CTC's YHARS program.

Please read carefully the following acknowledgements and assumptions of risk relating to activities provided by the YHARS as outlined above:

- I, _____ acknowledge that activities offered as part of CTC's service might carry some risks and/or dangers which could include physical injury that may result in permanent disability or death, and economic loss or damage.
- I have/will carefully take into consideration the risk/s involved, before participating in activities offered by CTC.
- I agree that should I choose to participate in the activities offered by CTC, it will be entirely at my own risk.
- I agree to fully comply with all directions given by CTC staff.
- I will inform my CTC staff contact of any allergies or medical conditions relevant to my safety prior to participating in activities offered.
- In signing below I understand that I will be under the supervision of a CTC staff member at all times and I am covered under CTC's Insurance Policy in the event of injury.

I, _____, confirm that I have read and understood and accept the terms and conditions of the above Consent and Indemnity associated with receipt of services from CTC.

Client Signature: _____ Date: _____

Carer/Guardian Signature (if applicable): _____ Date: _____

CTC Staff Member: _____ Date: _____

This consent form will be scanned and placed on the client's file as retained by CTC. If requested, a copy of the form will be made available to the participant and/or the participant's parent or guardian.

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