**Logo

Description automatically generated**

**Creative Leadership Opportunity**

Confidential Participants Information & Consent Form – Parent/Guardian(s) to complete

### **Program Information**

The aim of the ECHO Creative Leadership Program is to support and empower young people to work together in identifying needs and aspirations of their peers to design and deliver peer-led activities in their local area. Young people will meet weekly with ECHO facilitators and peers on a Wednesday afternoon between 4pm-6pm, participation in the program is free. The Creative Leadership Program is funded by the Victorian Government and delivered by ECHO Youth and Family Services. Students will be responsible for getting to and from programs unless otherwise organised.

If you have any queries regarding this Program please email Cherylee or Michael at [youth@echo.org.au](mailto:youth@echo.org.au) or call 03 5968 4460.

### **Privacy, confidentiality, and your data**

1. Any information is kept secure and only accessible by program staff and management, and never shared with external parties. This information is collected for administrative purposes and in the case of emergency.
2. Medical information will only be accessible by ECHO program staff or medical professionals (such as Ambulance), in the event of an emergency to ensure participants receive the best medical care. In the case of a medical emergency, an Ambulance will be called.
3. ECHO program staff may consult with other ECHO staff, or with school wellbeing staff, if a concern arises surrounding a participant’s wellbeing, in order to facilitate additional support.

**Personal Details:**

Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_

Postal Address *(if different to above)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship(s) to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Emergency Contact** *(Somebody other than parent/guardian(s) listed above).*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details:**

**Allergies: NO YES** *(If YES please list including Action Plan/medications used):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions: NO YES** *(If YES please list including Action Plan/medications used):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Requirements: NO YES** *(If YES please list including Action Plan/medications used):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Parent/guardian’s consent and release:**

1. I/we hereby give permission for my/our child to participate in the Creative Leadership Program in 2022 and confirm that the information provided above is true and correct.
2. In the event of any accident or injury I/we will not hold ECHO and their respective employees and volunteers responsible. I/we give permission for ECHO employees to arrange any transportation or medical treatment that is deemed necessary and agree to meet all associated costs.
3. I/we understand that it is ECHO’s policy to call an ambulance for urgent medical assistance in an emergency or life-threatening event and that the individual requiring assistance is responsible for these costs (which can be costly if you are not an Ambulance member or health care card holder). ECHO recommends all participants hold an Ambulance membership.
4. In the event of my/our child behaving irresponsibly and/or not complying with safety rules, I/we agree to immediately collect my/our child from the activity.
5. I/we agree to supply my/our child with all required medication (e.g. Asthma puffer) if needed, and understand that ECHO employees and volunteers cannot administer medication to my/our child.
6. I/we consent to ECHO taking photographs and videos of program activities which may include my/our child for reporting and promotional purposes, and these images/videos may be used in a range of publicity. Names will never be used in any advertising or promotional material about the Creative Leadership Program.

If you **do not** consent to have images shared publicly, please put a cross through this clause and initial here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I/we consent to my/our child participating in evaluation surveys (if they choose) during the program about their involvement in the Creative Leadership Program to let ECHO evaluate its progress. Survey information is confidential and only ECHO staff will see the responses. Group results will be used by ECHO to report on program outcomes, seek funding for future Programs, and may also be included in future research conducted by ECHO. No reported results will identify any individuals.
2. I/we consent that should any responses raise concerns for participants’ wellbeing, then ECHO coordinators will refer these concerns to parents/guardians.
3. I/we consent to my/our personal information being collected and retained by ECHO for the purposes described above.
4. I/we understand that it is my/our responsibility to advise ECHO of any changes to the information supplied (including medical).

**Signature of parent/guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_ /2022

**Signature of participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_ /2022