



YMCA Ballarat Youth Services

Youth Hub Enrolment Form

When completed, please return this document to a YMCA Youth Hub leader or email to Ballarat.Youthservices@ymca.org.au. If you have any questions about this form please call the Youth Hub Coordinator, Chantelle Cutler on 0458374910.

Please ensure that you complete all required information.

Please Note: A parent or guardian who has authority in relation to the YP must complete this form. A brief explanation of authority is found at the beginning of the *Part B* component of this form.

Part A. Young Person Information

Young Person's Basic Details

Given Name/s _____	Last Name/s _____
Usually Called: _____	Date of Birth ____/____/____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____	
Religion: _____	
Residential Address: _____	
Postal Address (If different from Above): _____	
School Attended: _____	Grade/Year: _____
Is your YP Aboriginal or Torres Strait islander? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please Specify _____	
Is your YP connected with the Department of Human Services/Child First/Child Protection? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Caseworker: _____	Consent to Contact <input type="checkbox"/> YES <input type="checkbox"/> NO

Court orders relating to the YP


Are there any **court orders, parenting orders** [s64B(1) of the Family Law Act 1975 (Commonwealth)] **or parenting plans** [s63C(1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your YP or access to your YP?

No (Move onto Young Person's Health and Wellbeing) Yes (see below)

Please provide a copy to the service once your YP has a confirmed placement If these orders:

- a) Change the powers of a parent/guardian to:
- authorise the taking of the YP outside the service by a staff member of the service;
 - consent to the medical treatment of the YP;
 - request or permit the administration of medication to the YP collect the YP from the service

Young Person's health and wellbeing information

Name Doctor/Medical Service: _____ : _____

Address Doctor/Medical Service: _____

YP's Medicare Number: _____

- Does your YP have ambulance cover? YES NO
- Do you or your YP hold a current Centrelink health care card? YES NO
- Does your YP have Asthma? YES NO
- Does the YP have an asthma management plan? YES NO

If you have stated that your YP has asthma please provide details (ie: do they carry Ventalin)

**If yes you must provide an allergy/asthma management plan signed by your medical practitioner for your YP.*

Does your YP have any allergies? YES NO

If yes please provide details _____

- Has your YP been diagnosed at risk of anaphylaxis? YES NO
- Does your YP have an auto injection device? YES NO
- Has your YP been diagnosed with Epilepsy? YES NO
- Has your YP been diagnosed with Diabetes? YES NO

Has your YP been diagnosed with a heart condition? YES NO
 Does your YP have any mobility constraints? YES NO
 Does your YP have any specific medical needs or additional needs not listed above? YES NO

Please specify and provide a plan if you answered YES to any of the above questions?

Does your YP have any behavioural needs that the YMCA need to be aware of? YES NO
 Does your YP have any mental health needs that the YMCA need to be aware of? YES NO
 Does your YP have any special needs that the YMCA needs to be aware of? YES NO

Please specify and provide a plan if you answered YES to the above question?

Part B. Parent/Guardian Information & Consents

Parent/Guardian Information

A **parent** includes a **guardian** of the YP and a person with parental responsibility for the YP under a decision or court order. **Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, power, responsibilities and authority which, by law, parents have in relation to children”.

<p>Parent/Guardian 1</p> <p>Name: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____</p> <p>Date of Birth: _____</p> <p>Residential Address: _____ _____</p> <p>Telephone Number/s:</p> <p>(H) _____ (M) _____</p> <p>Email _____</p>	<p>Parent Guardian 2</p> <p>Name: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____</p> <p>Date of Birth: _____</p> <p>Residential Address: _____ _____</p> <p>Telephone Number/s:</p> <p>(H) _____ (M) _____</p> <p>Email _____</p>
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Other persons to collect YP and be notified

Please identify anyone over the age of 18 that may collect your YP from the venue, on your behalf. This may include times when your YP has an accident, injury, trauma, illness or when your YP has been exited from the program due to aggressive/ disrespectful behaviour and the parents or guardians cannot be contacted. To deal with these situations the YMCA Youth hub leaders will notify one of the people who are authorised, to collect and care for your YP until you can be contacted by them. Please note that we require **at least two people in addition to those identified in the parent/guardian information section** of this form. Also please note that YMCA Youth hub leaders reserve the right to ask for Identification from the below listed persons.

<p>Name: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____</p> <p>Residential Address: _____ _____</p> <p>Telephone Number/s: (H) _____ (M) _____</p> <p>Relationship to YP: _____</p> <p>The above person is authorised by the primary caregiver (persons completing this form) to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Collect YP from Youth Hub when needed<input type="checkbox"/> Be notified in an emergency if primary caregivers are not available.<input type="checkbox"/> Consent to medication being administered by qualified individuals, if primary caregivers are not available.	<p>Name: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____</p> <p>Residential Address: _____ _____</p> <p>Telephone Number/s: (H) _____ (M) _____</p> <p>Relationship to YP: _____</p> <p>The above person is authorised by the primary caregiver (persons completing this form) to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Collect YP from Youth Hub when needed<input type="checkbox"/> Be notified in an emergency if primary caregivers are not available.<input type="checkbox"/> Consent to medication being administered by qualified individuals, if primary caregivers are not available.
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Declaration of responsibility and consent to emergency medical treatment:

I _____ (Print Full Name)

A person with authority of my YP referred to in this enrolment form,

- I declare that the information in this enrolment form is true and correct.
- I agree to remain contactable via phone at all times whilst my YP is attending the program, or to make arrangements for another person listed on this form to be contactable in my absence.
- I agree to collect or make arrangements for the collection of my YP referred to in this enrolment form, if they are to become unwell at the service OR if my YP receives loses all three of their chances and is exited from the program for the day.
- I consent for YMCA Youth hub leaders to administer first aid to my YP at the service and/or to seek medical treatment for my YP from a medical practitioner, hospital or ambulance service. I acknowledge I am responsible for any expenses incurred during a medical emergency in relation to this YP.

Signature: _____ **Date:** ____/____/____

Photo and activity related consents/permissions:

I give permission for youth hub leaders to support my YP by applying sunscreen in accordance with policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give youth hub leaders permission to support my YP to apply insect repellent in accordance with policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my email address to be used for communication about my YP's program.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP to be photographed or videotaped at the hub in accordance with policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP's photo to be displayed at the hub in accordance with policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP's name and photo to be included in other YP's portfolios.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP to view movies with G or PG ratings.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP's photo to be used by the YMCA in newsletters, promotional material or in electronic media such as YMCA's Facebook page or website.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP's photo to be published in the local media.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my YP to exit the program at the end of the day for the purpose of walking home unsupervised (Not applicable to YP under the age of 12 years)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature: _____ **Date:** ____ / ____ / ____

YMCA BALLARAT YOUTH HUB TERMS & CONDITIONS

I acknowledge that YMCA Ballarat does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation in a Youth Hub Program due to any cause whatsoever unless cause is proven negligent of YMCA Ballarat, its Directors or employees.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that in an emergency situation or fire drill where evacuation is necessary that my YP may need to leave the hub under the direction and supervision of youth hub leaders.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree that all identified parent/guardians nominated on this form have the right to discuss and manage participant details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to update YMCA Ballarat with personal details on an annual basis and whenever changes arise.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I acknowledge that YMCA programs and transport are subject to cancellation, alteration and rearrangement in the event of unsuitable weather conditions or other factors beyond the control of YMCA Ballarat.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree that these terms and conditions apply regardless of which venue my YP attends.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature: _____ **Date:** ____ / ____ / ____

***Privacy Notification:** All information included in this form will be treated confidentially and used only for reasons relating to the delivery of our programs. Ballarat YMCA may disclose information compiled to relevant Government and Council organizations for the purpose of enrolment and regulatory processes.*

The Approved Provider must ensure that information in the YP's enrolment record is not divulged to another person unless necessary for the care or education of the YP, to manage medical treatment of the YP, where expressly authorised by the parent or prescribed in the Education & Care Services Regulations (Regulation 181, 183)