

YOUTH M.A.P PROGRAM - REGISTRATION FORM

Personal Details

First name: _____ Family name: _____

Mobile Number: _____ Email Address: _____

Address: _____

Date of Birth: ___ / ___ / ____ Gender: M / F

Cultural Background

Country of birth: _____ Year of Arrival (if applicable): _____

Cultural background: _____ Language spoken at home: _____

Education

What school do you attend? _____ Year Level: _____

How did you find out about SMRC Youth M.A.P. Program? _____

Permission to take and use photos during SMRC activities



I give permission for photos or recordings of the young person to be taken by SMRC, which may be used for promotional purposes such as SMRC website, social media like **Facebook** and **Twitter**, publications or media

Yes No

SMRC is committed to SAFETY

SMRC is committed to providing a safe environment for your young person when they are participating in our programs and activities. All SMRC staff and volunteers have provided satisfactory National Police Checks and Working with Children Checks. They also have current first aid qualifications and we provide a first aid kit on site for all activities

SMRC Privacy Statement: We collect information from you in order to provide you with services. We will not pass on information about you to anyone unless you give us written permission. Collection, access, storage, use and disclosure of information you provide to us is governed by the Privacy Act. We have a privacy policy, which is available on request.

Parent/Guardian Consent if under 18 years

* Must be completed by the participant if over 18 years *



I give permission for (name) _____ to attend SMRC's Youth M.A.P. Program which is supervised by a SMRC Staff member.

Where: Southern Migrant & Refugee Centre; Level 1, 39 Clow St Dandenong VIC 3175

When: Mondays 4pm-5:30pm August 19th – October 21st (10 weeks)

In the school holidays we will run 2pm-5:30pm (September 23rd and 30th)

PLEASE READ AND UNDERSTAND:

- Participants must be **respectful of themselves, respectful of others** and **respectful of the environment**.
- Participants should arrive on time to participate in the program.
- Participants may partake in excursions taking place in the Dandenong community.
- Staff are not responsible for the program participants once they leave the premises – please ensure the participant has a safe way home or are collected by 5:30pm on the program days.
- SMRC will take no responsibility for stolen/misplaced valuables or personal belongings.
- In case of an emergency, I understand that I / my child will be transported by ambulance or private motor vehicle to a hospital. If I/ my child am/ is transported by ambulance, I understand that I may incur a cost.

Parent/guardian name: _____ Contact Number: _____

Parent/guardian/participant sign: _____ Date: ___/___/___



Medical/Emergency Information

If your young person has a medical condition, it is very helpful for us to have some information regarding their condition in case of an emergency. Please complete the details below so we can provide the best support for your child or young person. We assure you this information will only be provided to the staff/volunteer attending the activity.

Does the young person have any **injuries, allergies, medical problems and/or currently taking medication**?

Yes No

Please list/describe the condition: _____

- If yes, does the young person take medication for this condition _____ Yes No

- If they carry the medication with them, are they comfortable/competent taking this themselves _____ Yes No

Is there any further information that SMRC staff should be aware of including **special dietary requirements, behavioural issues, social issues, and religious/cultural considerations**?

Yes No

Please list/describe the issue/consideration: _____



In case of an emergency who should we contact?

Name: _____ Relationship to young person: _____

Contact number: _____ Interpreter required: Yes No (Language: _____)