



FUSED WORKSHOPS

SEMESTER 2, 2010

Dear Participant

Thanks for your enquiry about attending FUSED Term 3, 2010.

In order to confirm your booking, please return these forms, with payment.

PLEASE NOTE: We cannot guarantee your position in the program until we receive completed Medical and Consent forms and payment.

Please return completed forms to:

Email: programs@reach.org.au

Fax: 03 9412 0972

Post: Fused Program Manager, 152 – 156 Wellington St, Collingwood, Vic, 3066

We are really looking forward to Fused, hope you are too.

Cheers

Joh Giles
Fused Program Manager

PAYMENT OPTIONS:

FUSED is only \$5 per night, \$25 total

- Direct Debit:**
Account Name: The Reach Foundation
BSB: 083 155
Account Number: 69 735 3585
Transaction Reference: FUSED & (participants name)
- Cheque:** Post or bring it on the day. To The Reach Foundation

- Credit Card (Visa & MasterCard only)**

Please phone 03 9412 0900 or complete details below and return to us.

Name of Cardholder: _____

Credit Card Number: _____ Exp. Date _____/_____/_____

Amount: \$ _____ Contact Phone Number: _____ Signature: _____

**Consent Form
Program Participant Under 18
Valid for: Semester 2 2010**

This consent form, along with the medical form, must be completed by a parent/guardian for any young person aged under 18 years wishing to attend the above program/s organised by the Reach Foundation (Reach).

Please complete the consent AND medical forms and return to Reach **prior to program commencement date**. Please note that Reach reserves the right to not permit a young person to attend the program/s if these forms have not been completed, signed and returned to Reach two weeks prior to program commencement date.

This consent form is valid for **Semester 2, 2010 only**. It is the responsibility of the young person's parent / guardian to inform Reach if any of the details provided alter within this time. Please contact Reach to obtain new consent and medical forms.

For a young person aged 18 or above, the consent form for participants aged 18+ must be completed and signed.

Participation and Injury

I/We acknowledge that Reach activities may at times include physical tasks that inherently contain a small risk of injury. I/We understand that such activities are carried out with appropriate supervision and that my/our child may decline to participate at any time in one or more of these activities should they so desire. If my/our child does so elect to participate in the activity, I/we accept all consequences of their participation including any risk of injury associated with participation in the activity.

Indemnity

Except as to the extent that Reach, its officers, leaders, agents and members are entitled to be indemnified by an insurance policy, under a policy of insurance maintained by Reach, I/we hereby release and indemnify Reach, its officers, leaders and agents and members, against any liability (including liability involving negligence) in relation to participation in any activity connected with Reach activities.

Right to Film/ Record

I/We authorise, grant and assign to Reach the right to film, interview and generally record my/our child (picture and/or voice) in photographs and on film and/or video tape ("the Recording") and to reproduce and edit the Recording into one or more films ("the Films"), and to screen and broadcast the Recording by means of the Films and, generally, to exploit the Films in all media throughout the world in perpetuity including for the purposes of publicity and promotion of the Films. I/We release Reach (and others authorised by Reach) from any infringement or violation of my/our child's personal and/or property rights of any sort (including without limitation defamation and breach of confidence) arising from the use of the Recording and the Films.

I/We acknowledge that Reach owns and shall own all rights in the Recording and the Films, and I/We expressly consent to Reach editing the Films in such a manner as it sees fit. I/We warrant that I/we have the full power to enter into this Release and that the rights granted and assigned by me/us in this Release may not be withdrawn or revoked.

I/We authorise, grant and assign to Reach the right to assign or license the rights and other benefits granted under this Release in whole or in part.

Medical Treatment

I/We authorise Reach, in the event of any injury or illness occurring during or in connection with any activities of Reach, to obtain on, by me and at my expense any medical treatment as may be considered appropriate by Reach. I/We agree to pay on demand by Reach any medical, hospital or other expenses incurred by Reach in this regard.

Disclosure

I/ We are aware that all information discussed by participants and Crew at Reach programs is to remain confidential, except in the case where there is concern for the health, safety or welfare of a participant. Where this concern is present, I/ We consent for relevant information to be shared with members of the Reach Youth Support Team. I/ We are aware that information will be shared only when deemed necessary by the Reach facilitators or Support Worker present at the program.

Consent to Participate

I/We

give my/our permission for my/our son / daughter

(Please print your child's name in full, including any middle names)

to participate in activities during **Semester 2 2010**.

Parent / Guardian Agreement

Signed

By Parent / Guardian

Name

Please Print

Relationship to Young Person

Date

Contact Details

Address

Suburb

Postcode

Phone Number

Home

Work

Mobile

Please return this completed form with a completed Medical Form, to Reach before program commencement:

Attention:

**Program Manager
THE REACH FOUNDATION
152-156 Wellington Street
Collingwood VIC 3066
Email: programs@reach.org.au
Fax: 03 9412 0972**

Reach creates a safe environment for all children and young people. A copy of our 2008 Reach Young Person Protection Policy is available upon request and/ or accessible at www.reach.org.au

**Profile/Medical/Special Diet Form
Program Participant Under 18
Valid for: Semester 2 2010**

**NOTE: This form must be completed for all participants, and all sections must be completed.
A new form must be submitted when attending a weekend away.
It is your responsibility to inform Reach of any future changes to the details provided.**

PERSONAL DETAILS OF PARTICIPANT

Family Name: _____ First Name/s: _____
 Address: _____ Suburb _____ P/code _____
 Contact Numbers Home: _____ Mobile: _____
 Email: _____ Date of Birth: _____

NEXT OF KIN DETAILS / EMERGENCY CONTACT

Name: _____ Relationship to Participant: _____
 Address: _____ Suburb _____ P/code _____
 Contact Numbers Day: _____ Evening: _____
 Mobile: _____ Email: _____

SUPPORT

Please nominate names & phone numbers of 2 support people Reach could contact if necessary (e.g. Counsellor, Family Doctor, Psychologist, Social Worker, etc):

Name & Profession: _____ Phone: _____
 Name & Profession: _____ Phone: _____

MEDICAL DETAILS OF PARTICIPANT

Name of Doctor: _____ Contact No.: _____
 Medicare No.: _____
 Private Health Fund: _____ Member No: _____
 Ambulance Subscription: Yes No Ambulance No.: _____

Do you have a diagnosed medical condition? (eg: diabetes, epilepsy, asthma, high blood pressure, ADHD, depression)

Yes No

If yes, please give details: _____

Do you take prescribed medication?

Yes No

If yes, name of medication/s: _____ Dosage: _____

I would like Reach to hold this medication, and dispense to my child as per my instructions

Yes No

Do you have any known allergies? (Penicillin, bee stings etc)

Yes No

If yes, please give details: _____

Do you have any special dietary requirements?

Yes No

If yes, please give details: _____

Do you have any physical limitations (knee/back problems, kidney/bowel problems, nose bleeds, migraines, sleeping disorders etc)? Yes No

If yes, please give details: _____

Do you use any prosthetic aids (hearing aids, contact lenses, glasses, artificial limbs or eyes, wheelchair, pacemaker etc)? Yes No

If yes, please give details: _____

Are there any other medical concerns? Yes No

If yes, please give details: _____

Do you have any spiritual beliefs that may have an affect on medical treatment? (Can't have blood transfusions etc) Yes No

If yes, please give details: _____

Have you ever sought help from a psychologist, social worker, psychiatrist, counsellor, etc.? Yes No

If yes, When? (date of most recent visit): _____

If yes, Who from? Name _____ Profession: _____ Phone: _____

Do you consent for this person to be contacted, if necessary? Yes No

Have you ever experienced any of the following:

Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Psychotic episode	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Suicidal thoughts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other mental health issue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self Harm	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES, When did you last experience any of the above?

in the last week in the last month in the last year over a year ago

Please give details (i.e., When? For how long? Most recent experience? etc.):

Have you ever been hospitalised for psychiatric care or mental health concerns?

Yes No If yes, when were you last discharged? _____

Note: Please contact the Reach Youth Support Team (Ph 94120900) to provide additional details if required.

***I declare that the information which I have provided on this form is complete and correct.
I consent for this information to be shared with the Reach Youth Support Team and Reach Supporters where necessary to ensure the safety and wellbeing of all participants at Reach activities.***

Signed (young person): _____ **Date:** _____

If the participant is aged under 18 years, the participant's legal parent/guardian must also sign:

Signed (parent/guardian): _____ **Date:** _____

Name: _____ **Relationship to Participant:** _____

Please return this completed form, with a completed Consent Form, to Reach before program commencement:

Please note that this form will be kept strictly confidential and will only be used for the purposes of protecting participant safety. Reach ensures appropriate adult supervision for all its activities.

Reach is unable to provide paracetamol to any participant