



Individual Record and Permission Form

THE SALVATION ARMY'S COMMITMENT TO THE SAFETY AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

The Salvation Army is a child safe organisation and provides an environment that is safe and inclusive for children and young people, where they feel safe, respected, valued and encouraged to reach their full potential.

THE SALVATION ARMY'S PERSONNEL

The Salvation Army Children and Young People's workers are subject to mandatory background screening to ensure the most suitable candidate is selected. The Salvation Army also provides ongoing education and training on child safety and wellbeing.

CONFIDENTIAL

Parents/guardians should read and complete this form giving details about the child/young person participating in the program. The permission/indemnity sections should be carefully read, and a response given to each section.

Please read and sign the privacy notice at the end of the form.

Name of corps and activity:		
Name of child/young person:		
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Self-described	
Address:		
Parent's name:		
Parent's phone: Home	Work	Mobile
Parent's email:		
Languages spoken at home:		

1. MEDICAL INFORMATION

Medicare number:	Position on card:
Family doctor:	Phone:
Address:	
Pre-existing or present medical conditions:	
Name and dosage of any medications that must be taken during the course of the program – overnight programs only . (NOTE: workers do not administer medications, including non-prescription e.g. panadol):	
Food allergies, anaphylaxis/asthma plans or intolerances:	
Please tick <input checked="" type="checkbox"/> if your child is allergic to:	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Insect stings (please specify)	<input type="checkbox"/> Other (please specify)
Please tick <input checked="" type="checkbox"/> if your child suffers from:	

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy or blackouts	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Other (please specify)			
Can your child swim? (<i>Please tick</i> <input checked="" type="checkbox"/>)			
<input type="checkbox"/> No	<input type="checkbox"/> Fair swimmer	<input type="checkbox"/> Good swimmer	
Please list any disabilities or activity restrictions (e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, or any other)			

2. CONTACTS

i) Primary contact person:		Relationship to child/young person (e.g. family member, neighbour, family friend):	
Address (if different from child/young person):			
Phone: Home	Work	Mobile	
Email:			
ii) Secondary contact person:		Relationship to child/young person (e.g. family member, neighbour, family friend):	
Address (if different from child/young person):			
Phone: Home	Work	Mobile	
Email:			

3. SUPERVISION RESTRICTIONS

Are there any relevant legal or custody matters, or orders, current or pending? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify:
Are there any other restrictions on the supervision of this child/young person? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify:

4. PERMISSION / INDEMNITY

Please read the following points and tick your response for **each** section.

Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to my child becoming a member of and taking part in the overall activities of this group.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child to receive such medical treatment as the leader may deem necessary.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give my permission for my child to be transported in corps vehicles or private cars arranged by the leaders of the abovementioned group on the occasions stated below as agreed with leaders. From _____ To: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to information about my child being collected as required for activity specific permission forms and accident/incident report forms.
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ I acknowledge that from time to time photographs or videos of my child may be taken as part of participating in a program at The Salvation Army. ▪ I understand that these images will be taken in accordance with The

Salvation Army policies and procedures.

- Images may be displayed publicly however I will be contacted to gain specific consent for the use of any image of my child prior to it being published.
- My child will also be asked for consent to publish their image.
- I understand that no identifying information will be displayed with my child's image.
- I understand that my consent can be revoked at any time.

I confirm that the information contained on this form is true and correct.
 I agree to inform the leader of any change to these details.
 I understand due care will be taken by The Salvation Army employees/volunteers delivering this program.
 I acknowledge and agree that The Salvation Army employees/volunteers cannot be held responsible or liable for any personal injury, loss or damage sustained by my child as a result of their participation in the program.
 I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.
 I have read the Privacy Notice attached to this form.

Guardian

Parent/guardian name:	Date:
Parent signature:	

Leader

Please return this form to:

Privacy Notice and Consent

**This form is to be used whenever we collect personal information.
 It is to be read in conjunction with our Privacy Policy.**

Your privacy is important to us

The Salvation Army, a not-for-profit organisation, is committed to upholding its obligations under the Privacy Act 1988.

Our privacy policy contains the details

Our privacy policy can be found online at <https://www.salvationarmy.org.au/about-us/governance-policy/privacy-policy/>.

It includes information on how you may access and update the personal information we hold about you, the complaints process for a breach of the Australian Privacy Principles, and how we manage the complaints we receive.

Our privacy office is here to help

We have a dedicated privacy office responsible for ensuring we adhere to our privacy policy. Their contact details are provided in the privacy policy and are available for your use.

We only collect what we need

We collect personal information we believe is reasonably necessary to provide you with the services we offer. This includes information you provide to us on this form, any additional information you provide to our staff verbally or otherwise, and any

information we may need to collect about you from third parties on your behalf (if applicable).

You consent to use for related purposes

By providing us with this personal information you also consent to our use or disclosure of this personal information for purposes related to the services we provide. Unless permitted or required by law, we will not use this information for any other purpose without your consent.

Your signature acknowledges your understanding

By signing this document, you:

- Acknowledge you have read and understood the document
 - Understand the reasons for the collection of your personal information
 - Understand the ways in which your personal information may be used and disclosed
 - Acknowledge you provide this personal information to The Salvation Army voluntarily
 - Agree to the use and disclosure of your personal information as indicated here
 - Acknowledge that the personal information you have provided to us is current
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Let us know if your details change

You undertake to notify us as soon as practicable if this personal information is no longer current or if your consent for the collection and/or use of the personal information is withdrawn.

Guardian

Name:

Date:

Signature:

Organisation:

(If applicable)