|  |  |
| --- | --- |
| Date of form: |  |
| Congregation: |  |
| Program:  □ All programs under the auspice of this Congregation | □ Specific program  Name of activity:  Date:  Location: |

|  |  |
| --- | --- |
| Family Details | |
| Parent’s/guardian’s name: |  |
| Address: |  |
| City: |  |
| Post code: |  |
| Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Emergency Contact Details |  |
| Name: |  |
| Relationship to the child/ren: |  |
| Phone: |  |

|  |  |  |
| --- | --- | --- |
| Name of Children covered by this consent: |  | Relationship to child(ren):  □ parent for all  □ guardian for all |
| Name: | Date of birth: |  |
|  |  | □ parent  □ guardian |
|  |  | □ parent  □ guardian |
|  |  | □ parent  □ guardian |

|  |  |  |
| --- | --- | --- |
| Release Statement: | | |
| Yes | No |  |
|  |  | **I give overall consent to the statements below** |
|  |  | I confirm that the information provided in this document is true and correct. |
|  |  | I have power to provide this information and agree to inform the Church of any change to these details. |
|  |  | I consent to my child/ren taking part in the overall activities of the abovementioned programs. |
|  |  | I understand that if urgent medical attention is needed, 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/ren to receive medical treatment as deemed necessary by the leaders of the program/activity. |
|  |  | I consent to information about my child/ren being collected and used for the running of activities and reporting of incidents and accidents. |
|  |  | I give permission for my child/ren to be transported in church vehicles or private cars arranged by the leaders on occasions when it is necessary. |
|  |  | I understand my child/ren might be introduced to a Code of Conduct and/or other Safe Church documentation and invited to agree to comply with a standard of behaviour |
|  |  | I understand the following material may be recorded and collected (the Material):  • Details including name of the child and congregation or activity attended by the child  • Photographs, images, audio recordings, moving images or likenesses of the child.  The Material will be used and disclosed for the following purposes (the Purposes):  • In printed, digital and online promotional or information materials produced by or for The Uniting Church in Australia, the Synod of Victoria and Tasmania which includes congregations, presbyteries and the Synod office.  • In worship and materials prepared by or for the Church  • On the Church’s social media platforms  • As otherwise permitted or required by law.  The Church will not disclose personal or identifying details of the child or parent/guardian to any other person, body or organisation **unless**:  • The parent/guardian gives us permission  • It is authorised or required by law. |
|  |  | I understand this information will be held in accordance with the Synod’s Privacy Policy:  Personal information about yourself and your child is collected  to enable us to further our mission, respond to your requests, maintain contact with you.  Some of this material may be sensitive information. By completing and submitting this form, you agree that we may handle the information you have provided in accordance with the terms of our Privacy Policy. If you provide us with personal information about another person, please make sure that you tell that person that you have done so and make them aware of this privacy statement. |

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Date |  |