



PARTICIPANT DETAILS

NAME					
	<i>(Title)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Surname)</i>	
HOME ADDRESS					
CITY/SUBURB		STATE		POSTCODE	
DATE OF BIRTH	AGE	GENDER (please circle)		M	F
PHONE HOME	WORK	MOBILE			
EMAIL					

<small>(please tick)</small>	I have read, understood and agree to comply with, Code of Conduct as a part of my participation in CrossTrek Programs, as described in Schedules C2				
PARTICIPANT'S SIGNATURE				DATE	



PARTICIPANT DATA (VOLUNTARY)

This information is collected and used for statistical purposes only, to enable us to collect information for the purposes of improving CrossTrek Programming design, evaluation, access, delivery and equity. The provision of this information is voluntary.

Please where appropriate.

BACKGROUND - Do you identify with any of the following:

<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Torres Strait Islander	<input type="checkbox"/>	Non-English speaking background
<input type="checkbox"/>	South Sea Islander	<input type="checkbox"/>	Other (Please specify): _____		

DAY ACTIVITIES

<input type="checkbox"/>	School	<input type="checkbox"/>	Tertiary (Uni/TAFE)	Which Uni / TAFE _____
<input type="checkbox"/>	Employed	<input type="checkbox"/>	Participating in an alternative education program	
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Other (Please specify) _____	
<input type="checkbox"/>	Participating in a youth justice program			

ARE YOU A PERSON

<input type="checkbox"/>	with an Intellectual Disability	If yes, please specify: _____
<input type="checkbox"/>	with a Physical Disability	If yes, please specify: _____
<input type="checkbox"/>	with a Mental Illness	If yes, please specify: _____
<input type="checkbox"/>	with an impairment or long-term health condition?	If yes, please specify: _____

YOUR PRIVACY

Your personal information will only be accessed by authorised staff who may provide the information to volunteers and organisations associated with CrossTrek programs to facilitate the programs and to update and maintain records.

Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Information Privacy Principles described in the Information Privacy Act 2009. You can access your own personal information by contacting the CrossTrek Office.

By signing this agreement I give my consent for CrossTrek to provide access to my personal and/or organisational information to volunteers and organisations to facilitate the CrossTrek programs.

BLUE CARD

Under the Commission for Children and Young People and Child Guardian Act 2000 people working with children under 18 in certain categories of business or employment must undergo the Working With Children Check.

The Commission for Children and Young People and Child Guardian has determined that the Working With Children Check (blue card system) now applies to employees or volunteers associated with CrossTrek programs.

Employers and businesses providing regulated child-related services are also required to have a written child and youth risk management strategy in place to protect children and young people from harm.

For more information on whether you are required to hold a blue card or develop and implement a child and youth risk management strategy, please visit the Commission for Children and Young People and Child Guardian website at www.bluecard.qld.gov.au or call The Blue Card Contact Centre on 1800 113 611 (free call).



PARENTAL OR GUARDIAN CONSENT **This section must be completed for participants under 18 years of age.**

I, _____
(full name of parent or guardian)

of _____
(address) State _____ Postcode _____

Telephone: Home _____ Mobile _____

Email _____

am the parent/guardian of _____ (the participant named in Page 1). I consent to him/her participating in CrossTrek Programs and undertaking activities to fulfil the requirements of the programs.

REQUIREMENTS AND CONDITIONS

- 1 I have read and understand the requirements and conditions for my son/daughter's participation in CrossTrek Programs, as described in the schedules attached to this form.
- 2 I consent to CrossTrek staff and any other individuals, including volunteers, who are involved in or assist in organising CrossTrek programs, transporting the Participant for the purpose of participating in activities or functions related to the program, as required. I understand that CrossTrek will notify me in advance of when and where such travel will occur.
- 3 I authorise CrossTrek and any other individuals who participate in, are involved in or assist in organising CrossTrek programs, in the event of any accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to The program, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
- 4 I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the Participant as a result of any such accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to CrossTrek Programs.
- 7 I consent to and understand that photographs may be taken of my son/daughter participating in certain activities related to CrossTrek programs and such photographs may be used for promotional purposes.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

*Please refer to Blue Card section on previous page.

CrossTrek agrees to accept the above mentioned as a participant on the terms contained in this form.

Name of CrossTrek Representative			
Signed on behalf of CrossTrek – Valuing Communities & the Environment		Date	

Please return completed form to local CrossTrek Representative or email to CrossTrek Office: ross@crosstrek.net