**ASeTTS Group Program Registration Form and Consent**

***(ALL details must be completed and signed by each participant or parent / guardian)***

**Participant information**

First Name……………………………………. Last/Family Name……………………………………..

DOB…./…./….. Age….. Country of Birth…………………………..

Date of arrival to Australia……./……./…..………. Visa type………………........................or N/A. [ ]

Residency Status (please tick):

Asylum Seeker [ ]  Australian Citizen [ ]  Permanent Resident [ ]  Temporary Humanitarian Visa [ ]  Temporary Visa (other) [ ]

Gender (please tick):

Male [ ]  Female [ ]  Transgender Male [ ]  Transgender Female [ ]  Other (Non-Binary) [ ]

Marital Status (please tick):

Married [ ]  De Facto [ ]  Separated [ ]  Divorced [ ]  Single [ ]  N /A (child) [ ]

Number of immediate family members……… Number of people living in household………………

Highest Level of Education…………………….. School Attended (if a child) ……………………….

Primary language …………………………...... Interpreter Required Yes [ ]  No [ ]

Other Languages………………………………. …………………………………………………………..

Address…………………………………………………………………………………………………………………………………… Postcode………....…. Phone number ………………………………………...

Email address:

Medicare number (optional)…………………… Covid-19 Vaccination Status (optional)....................

**Parent/Guardian information (child participant under 18 years of age)**

Full name……………………………………………. Relationship to the participant………………………

Phone number ……………………………………… Preferred Language…………………………………..

**Emergency contacts**

Full name…………………………………………… Relationship to the participant………………………..

Phone number ……………………………………. Preferred Language…………………………………...

**Disability and Medical Alerts**

Do you have a disability? (please tick) No [ ]  Yes [ ]

If yes, please specify the type of disability and include any access support you may need………………………….

…………………………………………………………………………………………………………………………………..

Do you have any medical alerts (allergies, illness, health conditions or injuries)? (please tick)

 No [ ]  Yes [ ]

If yes, please specify and include any medication you require……………………………………………………………

……………………………………………………………………………………………………………………………………

**Dietary Requirements**

Do you have any Special Dietary Requirements No [ ]  Yes [ ]

If Yes please specify………………………………………………………………………………………………………..

**Other Information**

Is there any other information ASeTTS staff need to be aware of to ensure your safety and well-being whilst participating in group programs? No [ ]  Yes [ ]

If Yes please specify………………………………………………………………………………………………………..

**Consent to Participate in Group Programs**

I, .......................................................................... (Participant / Parent / Guardian’s name) have read and understood the information provided about ……………………………………(name of Program/s) and give my consent / or consent for my child ............................................... (name of child) to participate in the group program activities, and to the following (Please tick):

* Medical assessment/treatment by a qualified First Aid ASeTTS staff member or medical professional (If required) Yes [ ]
* Self-administration of a COVID-19 RAT - Rapid Antigen Test (If requested) Yes [ ]
* Transport by qualified ASeTTS staff or an external professional transport company (if required) Yes [ ]
* Photos and/or Videos during the activity which may be used for the purposes of future inter-agency promotional and/or feedback purposes unless indicated otherwise by client / parent / guardian to an ASeTTS staff members (optional). Yes [ ]  No [ ]

**Privacy and Consent**

I …………………………………………have read and signed the ASeTTS Consent and Privacy Form (previously provided or see attached).

***PLEASE NOTE: CONSENT IS ONLY VALID FOR TWELVE (12) MONTHS FROM THE DATE SIGNED***

Signature of participant (parent / guardian if relevant):……………………………………………………….

Date: ………/………/……………

 Thank you and please return the form back to ASeTTS staff

|  |
| --- |
| **OFFICE USE ONLY – GROUP NAME** |
| **Name of Group** | **DATE/S:** |
| **Name of Group** | **DATE/S** |
| **Name of Group** | **DATE/S** |
| **Privacy and Consent Form Signed and saved CAReHR Case File - Yes** [ ]  | **Date Signed: \_\_\_/\_\_\_/20\_\_\_** |