

JUMPSTART! PROGRAM - EXPRESSION OF INTEREST

| | |
|--|-------|
| Signature: | Date: |
| Parent or Guardian's Signature (if under 18) Signature: | Date: |

Personal/ Confidential Information:

| | |
|---|--|
| Do you have a disability, suffer from a medical condition or require special needs? | <input type="checkbox"/> Yes Details: <input type="checkbox"/> No |
|---|--|

Parent/Guardian Contact Details:

| | | | |
|--------------------------|-------------------|--|--|
| Surname: | | First Name: | |
| Address: | | Relationship <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian | |
| Preferred Contact Number | Home Phone Number | Work/Mobile Phone | |

Emergency Contacts:

(Will only be contacted in the event that parent/ guardian is not contactable)

| | |
|-----------------------------|-------------------------------|
| Name: | Relationship to young person |
| Preferred Contact Number(s) | Alternative Contact Number(s) |

Privacy Notification

UnityLink is collecting personal information requested on this form as part of the **JUMPSTART!** Youth Employment Program. This personal information will be used solely by UnityLink and its contracted service providers for that primary purpose or directly related purpose. The information shall remain private and confidential within UnityLink and will only be disclosed to other persons or agencies as consented to by the authorised parent/ guardian or in emergency situations.

Where the young person is under the age of 18 years

I _____ parent/guardian of _____
 _____ consent to the personal information collected on this form.

 Signature Date

Where the young person is 18 years and over

I _____ Consent to the personal information collected on this form.

 Signature Date

Photographic/Media Consent Form

For promotional and training resource purposes, photographs may be taken during the **JUMPSTART!** Youth Employment program. If you have no concerns with the possibility of your image being used for these purposes please complete and return this consent form to a UnityLink representative.

I _____
(Name of person, or parent if young person is under 18)

Of (Address) _____

Phone No. _____

give permission for UnityLink to photograph me / my child, during the **JUMPSTART!** Youth Employment Program.

The images taken will remain the property of UnityLink and/ or media organisations and may be used to promote the UnityLink Programs in published material, media and/or our website.

(Signature)

(Date)