

Youth Development Program

Consent Form

ROBE RIVER KURUMA
ABORIGINAL CORPORATION RNTBC
ICN 7612



Robe River Kuruma Aboriginal Corporation has developed the Youth Development Program to support the needs and aspiration of it's children and young people.

Our Youth Development Officer will be supporting your child/ren to achieve their goals through a number of ways, including but not limited to:

- Case Management
- Youth Wellbeing Plan
- School Engagement
- Career Pathway Planning
- Scholarship and Specialised Program Opportunities
- Youth Leadership Opportunities

PARENT / GUARDIAN INFORMATION		
Parent/Guardian 1	Parent/Guardian 2	
Name:	Name:	
DOB:	DOB:	
Phone:	Phone:	
Email:	Email:	
Address:		
Suburb:	State:	Postcode:

WHO IS YOUR FAMILY APICAL DESCENDANT FROM?					
Minnie : <input type="checkbox"/>	Rosie: <input type="checkbox"/>	Tumbler: <input type="checkbox"/>	Bobby: <input type="checkbox"/>	Alec: <input type="checkbox"/>	Ruby: <input type="checkbox"/>

DETAILS OF CHILD/REN	
Name:	DOB:
Email:	Mobile:
School:	Year Level:
Name:	DOB:
Email:	Mobile:
School:	Year Level:
Name:	DOB:
Email:	Mobile:
School:	Year Level:
Name:	DOB:
Email:	Mobile:
School:	Year Level:

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I agree for the Robe River Kuruma Youth Development Officer to provide support to my child/ren.

I understand my child/ren may disclose personal information when being assessed to identify their needs and aspirations. This information is protected by Privacy laws and RRKAC ensures to adhere to these laws, securely storing all information and only sharing confidential information as the law permits.

I understand at times support may be provided externally from the RRKAC office, i.e. at their school, or other required appropriate locations. I agree for Robe River Kuruma Aboriginal Corporation to work with other providers supporting my child/ren or refer my child/ren to other support providers as required.

I give consent for other personnel i.e. teachers, support workers or other providers supporting my child/ren's to share and discuss personal information i.e. academic results, attendance records or any concerns with Robe River Kuruma Aboriginal Corporation as required to support my child.

I agree for my child/ren to be provided transport, if and when required i.e. to and from appointment, school etc

In the event of an accident or illness, I agree for my child/ren to obtain or be administered any medical assistance or treatment reasonably required. I understand I may be liable for any medical expenses incurred as a result.

Should you have any questions regarding the Robe River Kuruma Youth Development Program or wish to discuss any concerns about your child/ren please contact:

Daniel Roy, Youth Development Officer.
5/9 Hedland Place, Karratha
08 9185 5005
d.roy@rrkac.org.au

By signing this form I agree I have read and understand all the information contained in this form.

Parent Name:

Parent Signature:

Date: / /

Please send completed forms to:

Fax: 08 9185 6006

Email: d.roy@rrkac.org.au

Mail: PO BOX 1944, Karratha

OFFICE USE ONLY	
Date Received	/ /
Received by	