**Participation and consent form**

***This form must be signed by a parent or guardian for students under 18 years of age.***

***Instructions:*** *Completing this form will help the Library coordinate all necessary activities. Please complete this form in full (in print), tick the relevant boxes and sign below.*

***Eligibility:*** *To be eligible for* ***Story Camp****, your child’s school needs to have a value below 1000 on the Index of Community Socio-Educational Advantage (ICSEA). To check your school's ICSEA, please visit the My School (*[*www.myschool.edu.au*](http://www.myschool.edu.au)*) website and go to your school's profile page. You will find the ICSEA value in the 'Student background' section on the right of the screen.*

**PARENT/GUARDIAN DETAILS and PROGRAM SELECTION**

|  |  |
| --- | --- |
| I, (print name) |  |
| of (address) |  |
| phone: |  |
| mobile: |  |
| email: |  |

give consent to the following individual(s) for whom I am the parent or legal guardian:

to take part in the **Story Camp** Program at State Library Victoria (328 Swanston Street Melbourne VIC 3000) on

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **4–6 July 2017** | **or** |  | **26–28 September 2017** (*please tick*). |

**RECORDING CONSENT**

|  |  |
| --- | --- |
|  | I consent to the Library, its employees, or agents to use and/or retain any still photography, audio or audio-visual recordings (the 'Recordings') and/or copyright materials (the 'Materials') produced as part of this Program. |
|  |

If the name of my child is to be used in any way, I give consent for the following (*please tick one box only*):

|  |  |  |  |
| --- | --- | --- | --- |
|  | First name only |  | No name |

I acknowledge and agree that by giving consent, the Library and its supporters Crown Resorts Foundation and Packer Family Foundation can use and retain any Recordings and/or Materials without acknowledgement or payment of remuneration to me:

* To fulfil the functions as set out in section 18 of the *Libraries Act 1988* (Vic) (including making the Recordings and/or Materials available online);
* For public relations, promotion, advertising, reporting and planning and commercial activities; and
* Should I wish to withdraw this authorisation, it will be my responsibility to inform the Library in writing. Withdrawal of this authorisation will not apply to any uses already made of the Recordings and/or Materials.

My consent is subject to the following cultural considerations or other restrictions (*please specify if relevant*):

**STORY CAMP PARTICIPANT DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Home address: |  |
| Name of secondary school: |  |
| Secondary school’s ICSEA value: |  |

**IN CASE OF EMERGENCY PLEASE ATTEMPT TO CONTACT**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Phone: |  |
| Mobile: |  |

**MEDICAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Does the participant have any dietary requirements or allergies? | | Yes/No (*please circle*) |
| If yes, please give details: |  | |

|  |  |  |
| --- | --- | --- |
| Is the participant currently taking any form of medication? | | Yes/No (*please circle*) |
| If yes, please give details (name, dosage required etc). |  | |

**ARRIVAL and DEPARTURE**

|  |  |
| --- | --- |
| Will your child be travelling to/from the city on public transport? | Yes/No (*please circle*) |
| Do you want to be sent a MYKI with $25 preloaded to use public transport? | Yes/No (*please circle*) |

(The Library will post the MYKI to the Participant’s home address)

|  |  |
| --- | --- |
| Will your child be collected at the conclusion of Story Camp each day? | Yes/No (*please circle*) |

If **YES**:

|  |  |  |
| --- | --- | --- |
| Who will be collecting the participant from the State Library? | |  |
| Contact number: |  | |

If **NO**, please tick the box below:

|  |  |
| --- | --- |
|  | I consent to my child leaving the State Library at the conclusion of Story Camp each day without a parent/guardian collecting them. |

**PARENT/GUARDIAN PERMISSION and CONSENT:**

By signing this form below I acknowledge and agree that:

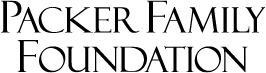
1. I give consent for the named individual(s) to participate in 'Story Camp' at State Library Victoria;
2. I have read and understood the above information (including any attached or additional material provided by the Library regarding this Program);
3. I have provided all relevant and accurate details for the Participant; and
4. The [Library entry by-laws](https://www.slv.vic.gov.au/about-us/policies-guidelines/entry-service/library-entry-laws) (<https://www.slv.vic.gov.au/about-us/policies-guidelines/entry-service/library-entry-laws>)and all lawful and reasonable directions given by Library staff or representatives must be complied with while on Library premises.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Parent/Guardian** |  | **Date:** |  |

**Please email completed form to youthlit@slv.vic.gov.au** If there are any questions call 03 8664 7014.

|  |  |
| --- | --- |
|  | I would like to receive more information about programs for children and families from State Library Victoria. |

**Privacy:** The Library manages any personal information it collects in accordance with the *Privacy and Data Protection Act 2014* (Vic). To find out more, please see our [Privacy policy](https://www.slv.vic.gov.au/about-us/policies-guidelines/general/privacy-policy) (<https://www.slv.vic.gov.au/about-us/policies-guidelines/general/privacy-policy>) located on our website or contact [privacy@slv.vic.gov.au](mailto:privacy@slv.vic.gov.au).

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