REACH MEDICAL & CONSENT FORM

PARTICIPANT NAME: ____________________________

This Medical & Consent Form is valid until 31 December 2015. The details you provide may be treated by Reach as "current" for up to 12 months and may be used to provide information for any Reach program that you register for or participate in during 2015, including programs that are not listed on this form, although you will be asked to re-provide medical information in order to attend any Weekends Away. If any details provided in this form change, it is your responsibility to update Reach by calling us on (VIC) 03 9412 0900 or (NSW) 02 8218 9200 to update your information.

Please return your completed Medical & Consent Form to Reach at least two weeks prior to the workshop commencement date. You will receive a confirmation email from Reach once we have received your Medical and Consent Forms. If you do not receive an email approximately 2 weeks prior to the booking confirmation date please contact us immediately.

Reach reserves the right to not permit the Participant to attend the Program if these forms have not been completed, signed and returned to Reach two weeks prior to the Program commencement date.

CHOOSE YOUR WORKSHOP

Please tick which workshop you will be attending this Semester. You can select more than one workshop.

VICTORIA

Fused Workshops Collingwood ☐ Casey ☐
Fused Weekend Away April ☐
IGA Weekend Away July ☐
Grounded Workshops Term 1 ☐ Term 2 ☐

NEW SOUTH WALES

Fused workshops Surry Hills ☐
Fused Weekend Away April ☐

I have attended Reach programs in the past ☐ Yes ☐ No

If Yes which program and where ________________________________
REACH MEDICAL & CONSENT FORM

PRIVACY COLLECTION STATEMENT

Reach is collecting your personal information to assist in conducting our business functions and activities, promoting and running Reach's events, programs and workshops, and providing Reach's services. By providing your personal information, you agree to its use and disclosure in accordance with this statement and Reach's Privacy Policy. If you do not agree, you must not provide your personal information, and Reach may not be able to communicate with you or provide certain products or services to you, and you may not be able to participate in Reach programs, workshops and events. Reach may disclose your personal information to other parties, including Reach's website host or software application provider for the purposes of operating Reach's website, third parties who provide products and services to Reach or through Reach, your authorised representatives, and representatives, agents or contractors who are appointed by Reach in the ordinary operation, administration or promotion of Reach's business. From time to time, these third parties may be located (and therefore your personal information may be disclosed) overseas, including Canada and the USA. Reach may use and disclose your personal information for direct marketing purposes, unless you opt out. Reach's Privacy Policy is available at http://www.reach.org.au/privacy-policy. It contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy, and how Reach will deal with that complaint.

Please complete the Medical & Consent Forms and return to Reach at least two weeks prior to the Program commencement date.

CONTACT AND MEDICAL INFORMATION

PARTICIPANT PERSONAL DETAILS

Surname: ________________________ First Name: ________________________
Address: ________________________ Suburb: __________ P/code: __________
Home Phone: ____________________ Participant Mobile (ONLY): __________
Participant Email (ONLY): __________ Date of Birth: __________
Gender: ________________________
School or other educational institution ________________________ Year level: __________

*Are you of Aboriginal or Torres Strait Islander origin? *This information is confidential and will be used for Federal Government reporting purposes only.

No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, Aboriginal & Torres Strait Islander

PARENT/GUARDIAN/REFERRING AGENCY DETAILS

Full Name: ________________________ Relationship to Participant: ________________________
Organisation (for referring agencies, if applicable): ________________________
Address: ________________________ Suburb: __________ P/code: __________
Contact Numbers Day: __________________________________ Home: ________________________
*Mobile: __________________________________ *Email: ________________________
(*Mandatory Field)
REACH MEDICAL & CONSENT FORM

EMERGENCY CONTACT /NEXT OF KIN DETAILS (if different to parent/guardian details)

Full Name: ___________________________ Relationship to Participant: ___________________________
Address: ___________________________ Suburb: __________ P/code: __________
Contact Numbers Day: ___________________________ Home: ___________________________
*Mobile: ___________________________ *Email: ___________________________
(*Mandatory Field)

MEDICAL DETAILS OF PARTICIPANT

Name of Doctor: ___________________________ Contact No: ___________________________
Medicare No: ___________________________
Private Health Fund: ___________________________ Member. No: ___________________________
Ambulance Subscription: Yes ☐ No ☐ Ambulance No: ___________________________

Do you have any known allergies? (Eg: Penicillin, bee stings) Yes ☐ No ☐
If yes, please give details: ___________________________

Do you have any special dietary requirements? Yes ☐ No ☐
If yes, please give details: ___________________________

Do you have any physical limitations? (e.g. back/ knee problems, kidneys, nose bleeds) Yes ☐ No ☐
If yes, please give details: ___________________________

Do you use any prosthetic aids? (e.g. glasses/contacts, hearing aid, artificial limbs) Yes ☐ No ☐
If yes, please give details: ___________________________

Do you have a diagnosed medical condition? (e.g. Diabetes, epilepsy, asthma, ADHD) Yes ☐ No ☐
If yes, please give details: ___________________________

Do you take prescribed medication? Yes ☐ No ☐
If yes, name of medication/s: ___________________________ Dosage: ___________________________
I/we give permission for Reach to hold & dispense this medication to my child as per my instructions: Yes ☐ No ☐

Do you have any other medical concerns? Yes ☐ No ☐
If yes, please give details: ___________________________

Do you have any spiritual beliefs that may have an effect on medical treatment? Yes ☐ No ☐
If yes, please give details: ___________________________
**REACH MEDICAL & CONSENT FORM**

**WELLBEING DETAILS OF PARTICIPANT**

Have you experienced any mental health concerns? (eg depression, anxiety, self harm, suicidal thoughts, psychosis)

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<th>Yes</th>
<th>No</th>
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If yes please give details:

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<tr>
<th></th>
<th>In the last week</th>
<th>In the last month</th>
<th>In the last year</th>
<th>Over a year ago</th>
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Are you currently receiving assistance from a Wellbeing Professional?

(Eg: Counselor, Social Worker, Psychologist, Psychiatrist)

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<th>Yes</th>
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First name and surname of professional: __________________________

Work Phone: __________________________ Title/Profession: __________________________

Month and year of most recent visit: __________________________

Do you consent for this person to be contacted, if necessary?

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<th>Yes</th>
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Have you ever been hospitalised for mental health concerns?

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<th>Yes</th>
<th>No</th>
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If yes, when were you last discharged?

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Do you use alcohol or recreational drugs?

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<th></th>
<th>Yes</th>
<th>No</th>
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If yes please give details:

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Has your alcohol or drug use been of concern to others or caused any difficulties for you?

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<th>Yes</th>
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Please give details: __________________________

Please note that the Reach Wellbeing team may contact you to obtain additional information if required. If you would like to contact the Reach Wellbeing team please phone Vic (03)9412 0900. Or NSW (02)82189200

**DISCLOSURE**

These Medical and Consent Forms must be completed for each Participant wishing to attend a Program organised by The Reach Foundation (”Reach”) by a Participant if 18 years or over or by a parent/legal guardian/protective worker if the Participant is younger than 18.

These Medical and Consent Forms are valid for 2015 only. If any detail changes in this time you must inform Reach and complete a new Medical & Consent form.

"Participant” means any person wishing to attend a Program; and

"Program” means any workshop, activity or event organised by Reach.

I am aware that all information discussed by the Participant and Reach staff at the Program is to remain confidential, except in the case where there is concern for the health, safety or welfare of Participants. Where this concern is present, I consent to relevant information being shared with Reach Wellbeing Professionals (including social workers, psychologists and counsellors).

**Participation, Injury and Medical Treatment**

I acknowledge that Reach Program activities may include physical activities that expose the Participant to risk of injury. While a Participant can decline to participate in any activity at any time, if they choose to participate, I will accept all consequences of the Participant's involvement including any risk of injury associated with participating in the activity.

I acknowledge that Reach staff may terminate the Participant's involvement in the Program if the Participant's continued involvement is assessed to have the potential to put the Participant, other Participants or Reach people at risk of harm or disrupts the Program for others. If the Participant's involvement in the Program is terminated, I will accept responsibility to arrange the collection and transportation of the Participant from the Program.
REACH MEDICAL & CONSENT FORM

In the event of any injury or illness occurring to the Participant during or in connection with any activities of Reach, I authorise Reach to obtain on the Participant's behalf, and at my expense, any medical treatment for the Participant as may be considered appropriate by Reach. I agree to pay on demand by Reach any medical, hospital or other expenses incurred by Reach in this regard. I acknowledge that Reach is unable to administer or provide any medication or paracetamol to the Participant except in accordance with any instructions I advise Reach in writing.

Indemnity
Except to the extent that Reach, its officers, leaders, agents and members are entitled to be indemnified by an insurance policy, under a policy of insurance maintained by Reach (including any applicable Public Liability and professional indemnity insurance), I hereby release and indemnify Reach, its officers, leaders and agents and members, against all actions, claims, proceedings, demands, liabilities (including liability involving negligence), losses, damages, expenses and costs (including legal costs on a full indemnity basis) that may be brought against Reach in relation to the Participant's involvement in any activity connected with the Program.

RIGHT TO FILM, RECORD & USE PARTICIPANT MATERIAL

Reach may wish to photograph, film or record the Participant's involvement in the Workshop / Program, or seek an interview or testimonial from the Participant about their experience at the Workshop / Program. Reach uses the material we obtain in this way to record the success of our Workshop / Program and to let others know about Reach's work, including promoting our Workshop / Program. In using the material for these purposes, Reach, among other things, may do so without naming the Participant as an author of the material, and Reach may instead use someone else's name in connection with the material — for example, the person compiling the material or Reach itself.

To allow Reach to undertake the activities described above, Reach needs your agreement to the following paragraphs. If you do not want us to use the material in this way, let us know and don't sign this form.

I authorise, grant and assign to Reach the right to:

- film, interview and generally record the Participant (picture and/or voice, and/or written testimonials) in photographs and on film and/or video tape ("the Recordings");
- reproduce and edit the Recordings into one or more films ("the Films"); to screen and broadcast the Recordings by means of the Films, and generally, to exploit the Films in all media throughout the world in perpetuity including for the purposes of publicity, promotion and marketing of the Films; and
- use all material gathered from the Workshop / Program for marketing purposes, including but not limited to images, testimonials, evaluations and work produced by the Participant ("the Materials").

To the extent the Participant has any moral rights (as defined in the Copyright Act 1968 (Cth)) in the Recordings, the Films and the Materials, I irrevocably and unconditionally consent to Reach:

- performing, exhibiting, reproducing, adapting and communicating any part of the Recordings, the Films and the Materials, in any medium and anywhere in the world, without attributing the Participant as an author of or contributor to the Recordings, the Films and the Materials;
- making any use of the Recordings, the Films and the Materials that may falsely attribute authorship of the Recordings, the Films and the Materials to another person;
- deleting or adapting or changing any of the Recordings, the Films and the Materials in any way, including by addition or subtraction from the Recordings, the Films and the Materials; and
- combining or juxtaposing the Material with anything else, for the purposes contemplated by this disclosure, whether such acts or omissions occur before or after the date on which the consent is given.

I release Reach (and others authorised by Reach) from any infringement or violation of the Participant's personal and/or property rights of any sort (including without limitation defamation and breach of confidence) arising from the use of the Materials, Recordings and the Films. I acknowledge that Reach owns and shall own all rights in the Recording and the Films, and expressly consent to Reach editing the Films in such a manner as it sees fit. I warrant that I have the full power to enter into this release and that the rights granted and assigned by me in this release may not be withdrawn or revoked. I authorise, grant and assign to Reach the right to assign or license the rights and other benefits granted under this release in whole or in part.

☐ I agree and consent to all of the above in this Right to Film, Record & Use Participant Material section whilst attending Reach workshops, which may be nominated on this form or which the Participant may sign up for this year (including those not listed on this form).

☐ I do not agree and do not consent to any of the above in this Right to Film, Record & Use Participant Material section whilst attending the Reach workshops nominated on this form.
DECLARATION

I declare that the information I have provided on this form is complete and correct. I consent for this information to be shared with Reach Wellbeing Professionals (eg: counselors, social workers, psychologists, psychiatrists) and Reach Supporters where necessary to ensure the safety and wellbeing of all Participants at Reach activities.

I also declare that I have read and understood the disclosure statements given in this form and give my consent to Reach to act in accordance with the disclosures it has made in this form.

If I have ticked "Yes" in the relevant part of the Medical Details section, I give permission for Reach to hold & dispense medication to the Participant in accordance with any instructions that I give to Reach.

If I have ticked "Yes" in the relevant part of the Wellbeing Details section, I consent for Reach to contact any Wellbeing Professional the Participant is currently receiving assistance from if Reach considers this necessary.

I also declare that I have read and understood the Right to Film, Record & Use Participant Material section of this form and have indicated whether I agree and consent, or disagree and do not consent, to the section by ticking the relevant box.

I also declare and acknowledge that by signing this form I understand that Reach will need to contact me/the Participant/the parent/guardian via SMS or email regarding workshop and program information and updates for the workshop/s which I/the Participant has signed up for in this form and any other workshop/s which I/the Participant may sign up for this year (including those that are not listed on this form).

Signed (young person): ____________________________ Date: ____________________________
Full Name (please print): __________________________________________________________

If the Participant is aged under 18 years, the Participant’s legal parent/guardian must also sign:

Signed (parent/guardian): ____________________________ Date: ____________________________
Full Name (please print): __________________________________________________________ Relationship to Participant: ____________________________

☐ No, I/we do not wish to be kept up to date regarding future Reach programs and regular Reach e-news and e-invites.
# REACH MEDICAL & CONSENT FORM

## COST

<table>
<thead>
<tr>
<th>Workshop Type</th>
<th>Cost</th>
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<tbody>
<tr>
<td>FUSED WORKSHOPS</td>
<td>$80 (For four weeks)</td>
</tr>
<tr>
<td>FUSED WEEKEND AWAY</td>
<td>$395</td>
</tr>
<tr>
<td>IGA WEEKEND AWAY</td>
<td>No cost (application process applies)</td>
</tr>
<tr>
<td>GROUNDED WORKSHOPS</td>
<td>No cost</td>
</tr>
</tbody>
</table>

## PAYMENT OPTIONS

- **Direct Debit:**
  - Account Name: The Reach Foundation
  - BSB: 083 155
  - Account Number: 69 735 3585
  - Transaction Reference: State, Workshop Name, Location & Participant Name
    - Eg: VIC, Fused, Box Hill, Jane Smith

- **Credit Card (Visa & MasterCard only):**
  - Name of Cardholder: __________________________
  - Credit Card Number: __________________________
  - Exp. Date ____/_______
  - Amount: $_________
  - Signature: __________________________
  - Email address for receipt purposes
    __________________________

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**Return this form directions:**

**Victoria:**
- Email: workshops@reach.org.au
- Postal: Reach *Attention: Community Programs*
  152-156 Wellington Street, Collingwood, Vic 3066

**New South Wales:**
- Email: workshopsnsw@reach.org.au
- Postal: Reach *Attention: Community Programs*
  Level 1 251 Riley Street, Surry Hills, NSW 2010