



Campus Connections Aotearoa

Tūhono Aioipī

YOUTH PROGRAMME CONSENT FORM

I have read the Programme Information Sheet, and/or a Campus Connections staff member has explained the programme to me.

- I understand the nature and purpose of the programme.
- I understand the type of support provided by the counsellors-in-training and my/my young person's rights when accessing counselling.
- I understand that personal information that I/my young person shares during Campus Connections Aotearoa may be discussed with other members of the programme (e.g. mentors, coaches, counsellors and staff) to help make decisions about the best way to support me/my young person.
- I understand that, **if I agree**, Campus Connections Aotearoa, Waitakere Alternative Education Consortium, and my/my young person's Alternative Education provider, may exchange information held about me/my young person. This information will be used to better support me/my young person during the programme and/or to help improve the programme through evaluation and research.
- I understand that, **if I agree** to the exchange of information as noted above, this information will only be shared outside of the named organisations, in certain circumstances. That is, if I/my young person is at risk of harming myself/themselves or others, if I/my young person is at risk of harm from others or if there is a legal requirement to share the information held about me/my young person.
- I understand that Campus Connections Aotearoa will use any emergency/alternative contact information I have given if/when necessary.
- I understand that my young person's Alternative Education provider will transport me/my young person to and from Campus Connections Aotearoa each week of the programme.
- I understand that I/my young person will receive first aid by a qualified University of Auckland first aider if needed.
- I understand that Campus Connections Aotearoa will transport me/my young person in an emergency.
- I understand that photos and other recordings (e.g., video, audio) may occur during the programme and that, **if I agree**, these photos or recordings may be used to promote Campus Connections Aotearoa and that these will become copyright property of Campus Connections Aotearoa.
- I understand that Campus Connections Aotearoa would like to stay in touch with my/my young person's family/whānau during the programme to provide updates on how I/my young person is doing and to advise of upcoming family/whānau events. For these purposes, I would prefer to be contacted by:

	Best Contact Method	<i>Please provide details</i>
<input type="checkbox"/>	Phone	_____
<input type="checkbox"/>	Text message	_____
<input type="checkbox"/>	Email	_____
<input type="checkbox"/>	Mail	_____

- I understand that Campus Connections Aotearoa will provide food for my young person during the mentoring sessions. Please list any **special dietary requirements, allergies or food restrictions** (e.g. vegetarian diet, gluten or lactose intolerant):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I authorise my young person to take part in Campus Connections Aotearoa.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to the exchange of information between Campus Connections Aotearoa and Waitakere Alternative Education Consortium and my young person’s Alternative Education provider.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I authorise Campus Connections to keep and use any recorded likeness of my young person for promotional purposes.

Youth name

Youth signature

Date

Caregiver name(s)

Caregiver/guardian(s) signatures

Date