

# YOUTH YARNING STRONG

## Registration Form





**VACCA**  
Connected by culture

VICTORIAN ABORIGINAL  
CHILD CARE AGENCY

### Details

**Full Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Preferred Name:** \_\_\_\_\_  
**D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Mobile Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
City, State, Country

### Cultural Information

**Cultural Identity:**  Aboriginal   Torres Strait Islander (TSI)   Both  
**Country of Birth:** \_\_\_\_\_  
City, State, Country  
**Tribe/Mob Identified:** \_\_\_\_\_ **Totem:** \_\_\_\_\_

### Emergency Contact

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

Are you willing to attend each bi-monthly session (total of 5 sessions)?  Yes  No

Are you willing to commit to attending an overnight retreat?  Yes  No

What size t-shirt do you wear? \_\_\_\_\_

**Any other Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Communication

Language(s) Spoken: \_\_\_\_\_

Literacy Support required?  Yes  No

Hearing Impairment  Yes  No

Interpreter required?  Yes  No

if yes, please state which language \_\_\_\_\_

Would you like to have an advocate/support person? (Personal or Professional)  Yes  No

If, yes complete information below:

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Privacy Consent and Acknowledgement

VACCA understands the sensitive nature of the information collected on this form. This information will primarily be used so VACCA can make sure you are well supported and we know who to contact should any problems occur.

We will also retain and use the information for our internal records and purposes.

The information on this form will be securely stored in accordance with our Privacy and Confidentiality Policy.

No identifying information is passed on to anyone outside VACCA, unless warranted by a medical emergency or critical incident.

*This consent agreement must be signed by the Participant (if 18 years of age or over) or by the Participant's Carer/Legal Guardian (for Participants aged under 18). Photo permission cannot be provided for children and young people under the age of 18 years of age unless signed by the Parent/Guardian.*

- The Participant has freely chosen to participate.
- I understand and approve of the Participant's attendance and involvement.
- I have completed this form and provided all the information required.

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- The participant understands that information captured during Youth Advisory Council meetings will be used internally at VACCA to inform future program development and inform future practice.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_