#  Permission slip for joining in

**Commissioner’s LGBTI Advisory Committee 2018**

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| I have read the information sheet and want to take part in the Commissioner’s Advisory Committee. | **Yes □** | **No □** |
| I am happy to attend six meetings over the year. | **Yes □** | **No □** |
| I will let people working for the Commissioner know if I am able or unable to come to the scheduled meetings. | **Yes □** | **No □** |
| I am happy to work with other young people and speak to my peers about the work of the advisory committee. | **Yes □** | **No □** |
| People working for the Commissioner can record my comments and use them in the Commissioner’s publications and website. We won’t use your name, unless you and your parent both agree. | **Yes □** | **No □** |
| I know that I can tell the organisers I want to stop being part of the Advisory Committee at any time. | **Yes □** | **No □** |
| I know that all of my personal information will be kept confidential, unless I say something that makes staff concerned about my safety or wellbeing.  | **Yes □** | **No □** |

**Can we take your photo?**

During your time with the Advisory Committee, people working for the Commissioner may want to take your photo or video.

Your photo might be used in things like the Commissioner’s newsletters, reports, website or promotional material. Photos may be used for up to five years from the date they were taken. We will check with you if we want to use your name.

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| I have read the information above and am happy for my photo and video to be taken | **Yes □** | **No □** |
| **Media** - During the year we may ask if you will speak to, and/or have your photo taken, by someone from the media. **This is voluntary – if we ask and you or your parents say no, it won’t affect your involvement with the Advisory Committee.**Please consider that while we will do our best to make sure what you say to the media is used respectfully, we cannot control what actually appears in the media. |

**Time to sign!**

Write your name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Date **:** \_\_\_\_\_\_\_\_\_\_\_­­\_\_

Sign your name**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth**:** \_\_\_/\_\_\_/\_\_\_

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| **Parents/guardian – we need to know if it’s okay with you too**  |
| I have read the information sheet and the other side of this page and give permission for my child to participate in the Commissioner for Children and Young People’s 2018 Advisory Committees. I understand that:  |
| * They will be discussing their ideas on different topics relating to LGBTI children and young people
 | **Yes □** | **No □** |
| * People working for the Commissioner may record the ideas of the young person for use in publications without using their name, unless my child and I agree.
 | **Yes □** | **No □** |
| * I will support my child to attend the scheduled meetings during the year and let the people working for the Commissioner know if my child is able or unable to attend a meeting.
 | **Yes □** | **No □** |
| * I understand that any personal information my child provides about themselves will remain confidential, unless they say something which makes the staff members concerned about my safety or wellbeing.
 | **Yes □** | **No □** |
| * People working for the Commissioner may take photos or videos of my child for use in publications but will not use their name. Photos may be used for up to five years from the date they were taken.
 | **Yes □** | **No □** |
| Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_­­\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_ Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Office use only:** For identification purposes please indicate distinguishing features e.g. shirt/hair colour:

**For further information about the 2018 Advisory Committees, or for any issues regarding obtaining parental or guardian consent, please telephone Katherine Browne on (08) 6213 2210 or 1800 072 444 (freecall) or email** **katherine.browne@ccyp.wa.gov.au**