



Dear Parent/Guardian,

Thank you for your interest in the Safe Spaces program, please complete and return the parental/guardian consent form below to permit your child under the age of 18yrs to participate in the program.

Program Information

The aim of Safe Spaces is to ensure that young people have increased access to spaces where they feel physically and emotionally safe and are bonding with positive youth and adult role models. Safe Spaces may involve activities including but not limited to hang outs in drop-in centres, food programs, sports competitions and homework clubs.

Department of Communities & Justice

The Safe Spaces program is funded by the Department of Communities and Justice (DCJ) at this High School and are monitored for outcomes reporting and long term evaluation by the NSW Data Exchange program, and will conduct survey's as required. If you do not wish for DCJ to store your child's personal information, a pseudonym will be used and your child will not be inhibited from participating in the Safe Spaces program. You can find more information about how DCJ will manage your personal information in the DCJ privacy policy on their website: <https://www.dss.gov.au/privacy-policy>

Please complete the following consent form for your child to participate in the Safe Spaces program and return to their school / community organisation.

Safe Spaces is run at this location in partnership with Hillsong CityCare. Hillsong CityCare collects data to improve the quality of services and programs provided. The information you provide will be stored confidentially on a protected online system and used explicitly for program evaluation. Personal information will not be provided to the Department of Communities and Justice unless consent has been given.

While CityCare is a faith-based organisation, we do not proselytise, invite or require someone to convert to a cause or religion prior to, or at any time during or after our programs. We also do not use our programs for evangelism or for the purpose of inviting people to Hillsong Church events, nor do we proactively bring up discussions of faith within our programs.



I, _____ (Parent/Guardian name) give permission for my child to participate in the Safe Spaces program.

Consent for DCJ/Service Provider Data Collection:

- ☐ I allow for DCJ to collect the personal information of my child for storage on the Data Exchange
- ☐ I do not allow for DCJ to collect the personal information of my child for storage on the Data Exchange
- ☐ I allow for DCJ to contact my child in the future for further survey, research & or evaluation
- ☐ I do not allow for DCJ to contact my child in the future for further survey, research & or evaluation

Child's Given Name: _____

Child's Family Name: _____

Date of Birth: _____

Residential Address: _____

Country of Birth: _____

Language(s) spoken at home: _____

Gender: ☐ Male
☐ Female
☐ Intersex/indeterminate

Origin: ☐ Aboriginal
☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander
☐ Not applicable

Does the child have one or more of the following impairments, conditions or disabilities?

- ☐ Intellectual Learning
- ☐ Psychiatric
- ☐ Sensory/speech
- ☐ Physical/diverse
- ☐ Not stated/inadequately described
- ☐ None

Signed Parent/Guardian: _____

Date: _____

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