

Dear Parent/Guardian,

Thank you for your interest in the ShineGirl or Strength 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

ShineGirl and Strength personal development courses are facilitated for young people to enhance their sense of value and identity; understand the power of choice and grow in emotional resilience; and encourage participants to dream and set goals for their future. They aim to equip young people with the knowledge and skills needed to develop greater self-awareness and personal growth.

ShineGirl and Strength apply experiential learning to engage participants through direct experience and focused reflection, purposefully engaging participants to increase knowledge, develop problem solving skills and clarify concepts. Practical sessions encourage a non-confronting environment for participants, that helps remove communication barriers and assists in building rapport in the relationships between participants and facilitators.

Department of Communities & Justice

The ShineGirl and Strength programs are 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 ShineGirl or Strength 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 ShineGirl or Strength program and return to their school.

I, _____ (Parent/Guardian name) give permission for my child to participate in the ShineGirl or Strength 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: _____