



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.

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.

In order to improve the quality of our program, we may make pre-surveys and post-surveys available for completion by participants at the first and last sessions. They are aimed at measuring outcomes of self-esteem, resilience, sense of purpose and mobilisation. These surveys are conducted online and are voluntary, anonymous and confidential. Identifiable data will not be obtained and no report produced from the surveys will identify individual participants.

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 following program:

- ☐ ShineGirl (Girl 12-16yrs)
☐ Strength (Boy 12-16yrs)

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

Food Allergies: ☐ No
☐ Yes

If yes, please specify: _____

Signed Parent/Guardian: _____

Date: _____