

2023 Youth Council application form

What are your preferred pronouns? _____

Name _____ Date of birth _____

Address _____

Do you identify as Aboriginal or Torres Strait Islander? _____

School _____ Learning level _____

Do you require any further support to participate in the program? _____

How did you hear about this program? _____

Availability

Are you available to attend weekly meetings at Geelong Gallery on a Tuesday afternoon, from 4.00pm to 5.15pm?

Yes No Unsure

Please answer the following questions:

Why do you want to be on Geelong Gallery's Youth Council?

What type of leadership or personal skills would you like to develop through your time on the Youth Council?

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Guardian consent

Required if the applicant is under 18 years of age.

I give permission for my child to participate in the Youth Council. I declare that the information on this application form is true and correct, I give permission for photographs of my child to be used in Geelong Gallery promotional material including the Geelong Gallery website, publications and media releases.

PARENT/GUARDIAN AGREEMENT AND CONSENT (not required for Students over 18 year of age)

I, _____ consent to my child taking part in Geelong Gallery's Youth Council and I:

- agree that my child will be subject to the direction and control of the organisation and nominated Supervisor/s;
- understand that all reasonable care for the health and safety of my child will be taken by the organisation and nominated Supervisor/s;
- expect my child to comply with all reasonable workplace policy and requirements governing safety and behaviour;
- understand that I am responsible for my child's transport to and from the workplace;
- understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the workplace of the employer to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first-aid as is judged to be reasonably necessary;
- attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant;
- give my consent to the release of any necessary health information in relation to my child to the organisation and Supervisor/s.

Signature _____ Date _____

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EMERGENCY CONTACT DETAILS:

Parent/Guardian _____

Relationship _____

Phone/Mobile _____

Email _____

Have any allergy, illness or medical condition which may affect the participant's safe participation in the program? Yes No

If yes, please give detail

What to do next?

Please save and send this form to

Alisha Lyon

youth@geelonggallery.org.au