# Information sharing and services coordination for children charged with offences - consent form (easy English)

Legislation: *Youth Justice Act 1992* Part 9, Div 2A

|  |  |
| --- | --- |
| **Young person details** |  |
|  | Name |  |
|  | Date of birth (day/month/year) |  |
|  | Gender |  | [ ]  Male |
|  | [ ]  Female |
|  | [ ]  Other |
|  | Home address |  |
|  | Phone number |  |
|  | Cultural heritage |  |
| **Parent or guardian details** |
|  | Parent or guardian name (include child safety officer) |  |
|  | Home address |  |
|  | Phone number |  |

|  |
| --- |
| **Who has information about me?** |
|  | [ ]  Queensland Police Service |  | [ ]  Department of Communities, Housing and Digital Economy |
|  | [ ]  Department of Children, Youth Justice and Multicultural Affairs |  | [ ]  Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships |
|  | [ ]  Department of Education |  | [ ]  Department of Health |
|  | [ ]  Queensland Corrective Services |  | [ ]  Service provider: |

|  |
| --- |
| **What information is it?** |
|  | [ ]  who I am |
|  | [ ]  my family |
|  | [ ]  my health |
|  | [ ]  my school |
|  | [ ]  my culture |
|  | [ ]  my Youth Justice |
|  | [ ]  my offences or court |
|  | [ ]  other (what is it?): |

|  |
| --- |
| **Who am I giving information to?** |
|  | [ ]  Queensland Police Service |  | [ ]  Department of Communities, Housing and Digital Economy |
|  | [ ]  Department of Children, Youth Justice and Multicultural Affairs |  | [ ]  Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships |
|  | [ ]  Department of Education |  | [ ]  Department of Health |
|  | [ ]  Queensland Corrective Services |  | [ ]  Service provider: |

|  |
| --- |
| **Why?** |
|  | [ ]  to be part of making plans to help you |
|  | [ ]  to help a court understand what you need |
|  | [ ]  to offer services, programs or support for you |
|  | [ ]  to find out your needs |
|  | [ ]  to send you to the right services for help |
|  | [ ]  to look at your health or disability needs |

|  |  |
| --- | --- |
|  | [ ]  I know this information will only be given to the people/places I named in this form. |
| [ ]  I know this information will only be given to other people/places if the law says it must. |

**Young person** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





 **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Privacy notice

These are the services:

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Queensland Police Service
 |  | * Department of Communities, Housing and Digital Economy
 |
|  | * Department of Children, Youth Justice and Multicultural Affairs
 |  | * Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
 |
|  | * Department of Education
 |  | * Department of Health
 |
|  | * Queensland Corrective Services
 |  | * Service provider:
 |

These services will use this information to:

|  |  |
| --- | --- |
|  | * find out what you need
 |
|  | * help you get support
 |
|  | * collect and share information with other services (if ticked above).
 |
|  | You are allowed to know what information is being shared about you. |
|  | Your information may be shared even if you do **not** agree. |
|  | Your personal information will be managed in line with the *Information Privacy Act 2009*. |