

P4 – Adventurous Journey Consent Form

NOTE:

- This form is **MANDATORY** and must be approved by the Duke of Ed Leader prior to undertaking any Adventurous Journey.
- This form must be completed by every young person and be signed by their parent/guardian when a young person is under 18yrs.
- If an Adventurous Journey is cancelled, this form must be kept on record with the reasons for cancellation. In this instance, a new P4 must be completed and signed for the new Adventurous Journey being organised.

YOUNG PERSON DETAILS

| | | | |
|----------------------------|--------|--|------------------------------|
| DUKE OF ED CENTRE | | | |
| NAME | | | |
| ADDRESS | | | |
| YOUNG PERSON NUMBER/S | MOBILE | | OTHER |
| EMERGENCY CONTACT NAME | | | RELATIONSHIP TO YOUNG PERSON |
| EMERGENCY CONTACT NUMBER/S | MOBILE | | OTHER |

ADVENTUROUS JOURNEY DETAILS

| | | | | | |
|------------------------------|---|----------|----------------------|------------------------|--|
| START DATE | | END DATE | | DUKE OF ED LEVEL | |
| TYPE OF JOURNEY | Adventurous Journey | | JOURNEY COMPONENT | Preparation & Training | |
| | Virtual Adventurous Journey - prior AOA approval | | | Practice Journey | |
| | Adventurous Project - prior AOA approval required | | | Qualifying Journey | |
| JOURNEY LOCATION | | | ACTIVITY e.g. hiking | | |
| AJ SUPERVISOR (AJS) NAME | | | | | |
| OR | | | | | |
| EXTERNAL CONTRACTOR BUSINESS | | | | | |

Please submit this form to your Duke of Ed Leader no less than **TWO (2) WEEKS** prior to the Adventurous Journey activity.

YOUNG PERSON CONSENT

I, _____ am consenting to participate in the above Duke of Ed Adventurous Journey.

- I understand that Duke of Ed activities on Adventurous Journeys may be physically, socially and emotionally demanding. They may include participation in outdoor activities conducted in remote or semi-remote bush areas.
- I understand that certain risks and dangers will exist such as (but not limited to) loss or damage to personal property, injury or fatality.
- I acknowledge that while the Adventurous Journey Supervisor (AJS) will make every reasonable effort to minimise risks, not all dangers associated with the activities can be foreseen. I accept the fact that, while the AJSs are skilled and experienced, they cannot guarantee my safety since some risks are beyond their control.
- I have a personal responsibility to follow safety guidelines established by the AJS and I will inform them if I do not understand what is expected of me. I am aware that if I choose not to continue the activity for any reason I can discuss this with the AJS. I can expect the AJS to value my choice and encourage responsible decision-making. I understand that while every effort will be made to allow me to exit the activity, my choice cannot put other participants at risk. I understand that non-identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I am sufficiently fit to participate in this program. I agree to notify the AJS of any changes to my health and fitness, which may occur before, or during the AJ. Should I become ill or injured, I give my consent to the supervisor in-charge to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice.

| | | | |
|-----------|--|------|--|
| SIGNATURE | | DATE | |
|-----------|--|------|--|



PARENTAL / GUARDIAN CONSENT – for young people under 18 years

I, _____ am the parent/guardian of _____ and I consent to their participation in the above Duke of Ed Adventurous Journey.

- I consent to (insert young person's name) _____'s participation in the above Adventurous Journey (AJ), including travel. I understand that the outdoor nature of the AJ program will involve risks. The Adventurous Journey Supervisor (AJS) undertakes to use the utmost care in ensuring each young person has a safe environment to meet personal challenge. I understand that appropriate information will be provided to young people before they participate in activities and that they may choose their own level of participation. I understand that non identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I consent for the supervisor in-charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity of any such treatment or medical advice.
- I understand that some AJs involve mixed groups of participants who may be over the age of 18 years.

| | | | |
|-----------------------|--|-------------|--|
| SIGNATURE | | DATE | |
| CONTACT NUMBER | | | |

DUKE OF ED LEADER APPROVAL

| | | | |
|------------------|--|-------------|--|
| NAME | | DATE | |
| SIGNATURE | | | |

YOUR PRIVACY

The Department of Education is collecting the personal information you provide to facilitate your involvement in the Award program. This will include the personal information that you submit via the Online Record Book Participant Registration Form. Your personal information will only be accessed by authorised officers who may provide the information to Award volunteers and organisations associated with the Award program to facilitate the Award program and to update and maintain records. Such as mail outs regarding award program information, award presentations and the alumni. Non-identifying statistical information may also be supplied to the National Award Operator, a non-government organisation that oversees the Award program In Australia. Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Privacy Principles described in the Schedule 3 of the Information Privacy Act 2009 and, if applicable, in accordance with section 426 of the Education (General Provisions) Act 2006. You can access your own personal information by contacting the Queensland Award Operating Authority.

By completing this form I give my consent for the Department of Education to collect and store my personal information which may be used for the purposes outlined above.

BLUE CARD

Under the Working with Children (Risk Management and Screening) Act 2000 people working with children under 18 years of age in certain categories of business or employment must undergo the Working with Children Check. The Working with Children Check (blue card system) applies to employees or volunteers associated with The Duke of Edinburgh's International Award and Bridge Award programs. Employers and businesses providing regulated child-related services are also required to have a child and youth risk management strategy in place to protect children and young people from harm.

For more information on whether you are required to hold a blue card or develop and implement a child and youth risk management strategy, please visit the Blue Card Services website at www.qld.gov.au/bluecard or call Blue Card Services on 1800 113 611 (free call). You can also read the fact sheet for The Duke of Edinburgh's International Award at <https://www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/5963ee66-8a39-4aac-aa1c-2e9368da0f6f>.