**Deadly Yarning & Learning**

**Aboriginal Youth Project**

**Participant Registration Form**

Participant Name: What is your Age:

Address :

what’s the best way to contact you if we need to?

Email:

Phone:

Are you currently attending school? YES NO

Which school do you attend?

Who referred you to this Project?

Will you require assistance to access the internet to participate in this project? YES NO

Will you require data to participate in this project? YES NO

Will you require transport to participate in this project? YES NO

**Participants will develop skills and increase their knowledge in the following areas:**

- identifying mental health including concepts around social & emotional well-being

- provide advocacy for self and others among your community

- identify practical strategies & resources

-develop skills to support other young people experiencing mental health concerns

- contribute to and participate in a ongoing community of practise supported by YACVic Rural

This training comes to you at NO COST. Your commitment to undertaking training sessions, continued engagement with a mentor on a fortnightly basis and participation within the community of practise each month is essential to the successful outcomes of this project. The duration of the project will be 6 months.

Please indicate which project location you wish to participate in and your availability for ongoing mentoring.

Swan Hill Group – August 31st 2020 – 9.30am-3.30pm

Robinvale Group – September 1st 2020 – 9.30am-3.30pm

Ongoing Community of Practice – Meeting once a month (average 2 hours)

Fortnightly catch up with your mentor (1 hour)

**Talent Release**

I give consent for the recording of my image, words and ideas in photographic, video, audio or any other formats. I understand that photographs or other electronic recordings may be used by Youth Affairs Council Victoria (YACVic) and the Office for Youth, or other media organisations (newspapers & television) publications, broadcasts and websites without acknowledgement and without entitlement to remuneration or compensation. 

If participant is under 18 years of age:

I …………………………………………………………………. (parent/guardian) give consent for

……………………………………………………………………(attendee name) to attend program outlined, and consent to the conditions outlined in this form.

*Signature of parent/guardian*:…………………………………………………………………………………………………

Parent/guardian mobile: ……………………………………………………………………Date:………………………..

If participant is 18 or older, I consent to participating in the Deadly Yarning & Learning Aboriginal Youth Mental Health Project

*Signature*: ………………………………………………………………………………………Date:……………………………..

**Participation approved by Education Provider**

In the event an education provider has sought pre-approved consent for students to engage in projects and activities as deemed appropriate by the school, authorisation is required below.

Authorised by:……………………………………………………………………………………………………………….

Role:…………………………………………………………………………………………………………………………..

Name of School………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………..

Please complete and email this form to [rural.sm@yacvic.org.au](mailto:rural.sm@yacvic.org.au) Further information can obtained by contacting Rhiannon Jennings, Rural Development Coordinator - Youth Affairs Council Victoria    
Mob: 0474 506 000   Email: [rjennings@yacvic.org.au](mailto:rjennings@yacvic.org.au)