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 | | | | |
|----------------------|--------------------------------------------------------------|------------------|--|--|
| <u>_</u> | Name | | | |
| | Date of birth (day/month/year) | | | |
| | Gender | n 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 | | | |

This form must be completed in its entirety and must not be amended unless as approved by DCYJMA.

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

| What info | ormation is it? |
|-----------|----------------------|
| 0 | who I am |
| | my family |
| | my health |
| | my school |
| | my culture |
| Í | my Youth Justice |
| | my offences or court |
| ? | other (what is it?): |

This form must be completed in its entirety and must not be amended unless as approved by DCYJMA.

| Who am | giving information to? | | |
|-----------------------|-----------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------|
| | Queensland Police Service | | Department of Communities, Housing and Digital Economy |
| * <u>*</u> * <u>*</u> | Department of Children, Youth Justice and Multicultural Affairs | | Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships |
| Ê | Department of Education | 0000 0000 0000 0000 | 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 |
| Ŕ | 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.

This form must be completed in its entirety and must not be amended unless as approved by DCYJMA.

| Young person | | |
|--------------|---------|--|
| Signature | <u></u> | |
| | | |
| 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

Service provider:



Queensland Corrective Services

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.