# 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: |

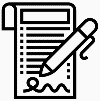
|  |  |
| --- | --- |
| **What information is it?** | |
|  | who I am |
|  | my family |
|  | my health |
|  | my school |
|  | my culture |
|  | my Youth Justice |
|  | my offences or court |
|  | other (what is it?): |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

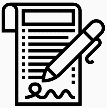
|  |  |
| --- | --- |
|  | I know this information will only be given to the people/places I named in this form. |
| I know this information will only be given to other people/places if the law says it must. |

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

[](https://emojipedia.org/spiral-calendar-pad/)

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

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



[](https://emojipedia.org/spiral-calendar-pad/)

**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*. |