Individual consent form

Please make sure you complete every section, or we won’t be able to use your work.

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Age | Click or tap to enter a date. |
| Email/phone number | Click or tap here to enter text. |
| Please confirm that you have read the consent information and watched the video on our website. If you haven’t, you can access it [here](https://ccyp.vic.gov.au/children-and-young-people/what-matters-most/consent/). | Yes – I’ve read the information and watched the video! |

**Let us know if you understand…**

|  |  |
| --- | --- |
| Does the information about your privacy makes sense? | Yes  No |
| Do you understand why we want to use and share your creation? | Yes  No |

**Let us know if you agree...**

|  |  |
| --- | --- |
| Do you agree to take part in the What Matters Most Project? | Yes  No |
| Do you agree to let the Commission use and share your creation as described in [‘What will we do with your creation?’ on our website.](https://ccyp.vic.gov.au/children-and-young-people/what-matters-most/consent/) | Yes  No |
| How much information can we share about you if we publish your creation?  Remember, we might not publish your work, but we will always try to contact you if we do, and we think someone might recognise you. | Choose an item. |

If anything doesn't make sense you can contact us for help or speak to a trusted adult. You'll need to make sure you understand everything before you submit your creation.

* [engage@ccyp.vic.gov.au](mailto:engage@ccyp.vic.gov.au)
* 1300 782 978

**Your signature…**

I add your name here give consent (agree) to take part in the What Matters Most project, and for the Commission to use and share the content I upload.



**If you are under 14 years of age, we also need consent from an adult.**

|  |  |
| --- | --- |
| Adult’s full name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Relationship to child (e.g. parent, carer, guardian) | Click or tap here to enter text. |
| Email/phone number | Click or tap here to enter text. |

As the adult carer, I have read the above terms and conditions of consent, and I fully understand the contents. I provide consent to the above child to take part in this project.



