



Permission slip for joining in
Amend this template according to the requirements of the activity. Seek approval from Director Communication.

Event:

Date: Location:

Section for child or young person

Do you want to join in?

- The Commissioner's job is to try and make WA an even better place for children and young people to grow up in, so they can reach their full potential.
- To do this, the Commissioner often asks children and young people for their thoughts and ideas.
- People working for the Commissioner would like to hear what you have to say about topic/s.
- What you and other children and young people say will be recorded and used by the Commissioner to help talk about his work, but we will never use your name **OR** with your name and age next to your comments/contribution).

I have read the information above and am happy to talk to about my ideas

Yes No

I know that I can tell the organisers that I want to stop being part of this event at any time.

Yes No

Can we take your photo?

- During this event, people working for the Commissioner may want to take your photo or video.
- Your photo might be used in things like the Commissioner's newsletters, reports, website or promotional material.
- We will not use your name with the photo **OR** We may use your first name and age next to your photograph and we will only use it for up to five years.

I have read the information above and am happy for my photo to be taken

Yes No

The media may attend this event. The Commissioner for Children and young people cannot take responsibility for information or images recorded or published by the media. You can choose not to talk to or have your photo taken by media if you wish.

Time to sign!

Write your name: _____ Date : _____

Sign your name: _____ Your age: _____

Parents, we need to know if it's okay with you too (if your child is under 18)

I have read the information on the other side of this page and give permission for my child to participate. I understand that:

- They will be discussing their ideas on topic/s Yes No
- People working for the Commissioner may record the ideas of the child/young person for use in publications but will not use their name. **OR** with their name and age next to their comments/contribution. *(Pick which)* Yes No
- People working for the Commissioner may take photos or videos of the child/young person for use in publications but will not use their name. **OR** with their name and age next to their comments/contribution. *(Pick which)* Photos may be used for up to five years from the date they were taken. Yes No

Name of your child: _____ Age: _____ M/F: _____

Name of parent/guardian: _____ Signature: _____

Date: _____ Phone: _____

Feedback on the results of this event may be sent to the child/young person at this email or postal address (leave blank if you or your child do not wish to be updated):

Office use only: For identification purposes please indicate distinguishing features e.g. shirt/hair colour:

For more information telephone (08) 6213 2297 or 1800 072 444 (free call), go to www.ccp.wa.gov.au or ask one of the staff at the event