

# Brimbank Mural competition

## Participation form

Please fill out this form and return (via/email or in person) to Brimbank Youth Services.

Are you an artist aged 16 to 25 years who lives, works, studies or plays in the Melbourne's west? Do you want to be involved a public art project in Brimbank?

The Young Leaders of the West program invites you to submit a design that speaks to the theme **what's the harm in gambling?** You'll be in the running to work with a professional artist to design and deliver a mural that'll get you huge attention.

Entries open Saturday 25 June and close at 11.59pm on Sunday 24 July.

### How to submit your entry

Entries must be accompanied by this participation form to be considered.

- Via email: Send your one page design along with your details to [artspaces@brimbank.vic.gov.au](mailto:artspaces@brimbank.vic.gov.au) with the subject line Gambling harm mural competition.
- In person: Drop by the [St Albans Community Centre](#) and your design with reception. Make sure include your name, phone number and email address.

### Personal details

Legal first name:		Last name:	
Date of Birth:		Gender:	
Pronouns:		Contact number:	
Email address:			
Street address:			
Suburb:		Postcode:	
Cultural Background:		Country of Birth:	
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		

### Emergency contact details (parent or legal guardian)

First name:		Last name:	
Relationship to young person:		Contact number:	
Email address:			

## Medical details, allergies and/or current medications

*(This information is collected to minimise risk to a young person and prepare staff to respond in an emergency)*

Allergies including Anaphylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply an allergy management plan
Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply an allergy management plan
Medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details
Other medical conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details
Additional Information as appropriate to young person's participation:	
Dietary Requirements:	

## Photo/image name consent permission

Brimbank City Council needs your permission to use your name, image and digital recordings of you as part of Brimbank City Council media which includes (advertising, posters, brochures, websites, billboards and any other forms of media we may utilize from time to time). Information you provide as part of any interviews/filming may also be provided to third party providers or websites such as YouTube.

I consent to Brimbank City Council using my/my child's name and photographs for the above use.	<input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, I do not give my consent
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### Privacy statement

By ticking the above box and signing this form you/your legal guardian consent to Brimbank City Council using the name, image and digital recording of the above named party for the purposes of promotion of Council activities and related purposes, which include but are not limited to distribution to third parties who may use the image for commercial purposes or where release of the image is required by law. You may withdraw your consent for future use by contacting the Council's Privacy Officer or the Council department involved on 9249 4000.

## Declaration and consent:

By signing this document;

- I understand that certain inherent risks and dangers exist in the activities in which he/she will be participating. I acknowledge that while every reasonable effort to minimise exposure to known risks will be taken, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organised body.
- In case of illness or accident, I authorise staff to seek medical or other attention as required for the named participant, at my expense
- I agree to indemnify and to keep indemnified Brimbank City Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, arising from or in any way connected with the participant's participation in the program, to the extent permitted by law
- My liability to indemnify Brimbank City Council, its servants and agents shall be reduced proportionally to the extent that any act or omission of Brimbank City Council, its servants or agents, contributed to the loss or liability
- I understand that the Workers cannot accept supervision responsibility for young people arriving before or staying after the hours of a program or event.
- I have completed this form accurately to the best of my knowledge
- I consent to the named participant being enrolled in the above named Brimbank City Council program, and I believe they are competent to participate in this program without risk to themselves or others.

I give permission for Brimbank City Council to record information about me/my child for the purpose of supporting the child's participation in the program in accordance with Privacy and Data Protection Act 2014.

### Parental Consent

If you are under 18 years old, this must be signed by an adult (over the age of 18) who has responsibility for the young person's well-being.

I agree with the above declaration and provide my consent

Parent/Guardian Name

Parent's/Guardian's Signature

Date:

### Young Person's Consent

I agree with the above declaration and provide my consent

Signature

Date:

For further information or clarification please contact Lisa on 0437 645 264 or Sarah-Jane 0417 339 816  
Completed forms can be emailed to Lisa Horsburgh [LisaHO@brimbank.vic.gov.au](mailto:LisaHO@brimbank.vic.gov.au)

#### Privacy collection notice

Brimbank City Council is committed to protecting your privacy as outlined by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Brimbank City Council for administration purpose and in line with your individual support needs. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law.

If you have any privacy questions or concerns regarding how your information is used, or wish to access or amend information previously provided, please send your enquiries through to our Legal and Privacy Officer at [privacy@brimbank.vic.gov.au](mailto:privacy@brimbank.vic.gov.au).