



Participant Information Form	
<b>Program:</b> Gallery Tour Program	
Program Dates: 26th May 2023 - 11th August 2023.	
Participant Name:	
Date of Birth:	
Age:	Pronouns:
Does the participant identify as culturally or linguistically diverse?	
Yes No	
Does the participant identify as Aboriginal and/or Torres Strait Islander?	
Yes No	
Contact Details:	
Address:	
Postcode:	Phone Number:

## **Emergency Contact Details** Name: Relation to participant: eg. Partner/Mother/Carer. **Phone Number: Medical Information Medications:** Note: Any medications will need to be administered by the participant or their carer. **Allergies: Disability: Triggers:** Eg. Loud noises, aerosol sprays, smells etc. **Access Needs:**

Any other relevant information:

Behaviour or Health Support Plans: (Please attach if required)

Eg. Asthma Action Plan, Epilepsy Management Plan, Mental Health Plan.

## **Your Privacy**

## Why do we collect this information?

The purpose of collecting this information is for the agreement of supports and services. If we do not collect all of the information, we will be unable to provide our supports and services to you.

We Are Studios Disability Arts Inc will only collect and release information about a Participant with consent from the Participant and/or their Representative/Nominee, except in specified circumstances including emergencies or as required or permitted by law.

We Are Studios Disability Arts Inc collects information from Participants relevant to service delivery to ensure the highest quality of service provision.

We Are Studios Disability Arts Inc will respect and protect the dignity and right to privacy of all Participants, staff members. and volunteers.

All Employees, Volunteers and Contractors of We Are Studios Disability Arts Inc have a responsibility to ensure that personal information is handled in a way that complies with this policy.