



## Participant Consent Form

Participant Name:

I,

(Participant or Participant Representative)

Hereby give permission for the following:

For We Are Studios staff to provide First Aid to the above named in an emergency before and until the Emergency Services arrive.	Yes	No
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For the above named to participate in planned activities and excursions such as visiting local galleries, parks, cafes, shops, arranged for participants by the staff of We Are Studios.	Yes	No
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For the above named to be filmed or photographed while attending We Are Studios programs, or until I withdraw my consent, for the following purposes – We Are Studios' Newsletter, Promotional Displays, Local Newspaper, Social Media, ie Facebook, We Are Studios' Website, Communication Aids, Training and Development purposes.	Yes	No
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To release pertinent information in regards to the above named (only when requested) to the following services – NDIA, Respite Care, Accommodation Service Provider, External Certifiers/Audit bodies, Dr/Emergency Services, or Centrelink.	Yes	No
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For the above named to access the local community <i>INDEPENDENTLY</i> during the allocated lunch breaks.	Yes	No
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I understand that as a Service User I have the right to withdraw my consent at any time.	Yes	No
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**Signature:**

**Date:**