**Artful Dodgers Studios Rights and Responsibilities**

We all have the right to participate in a safe and creative working environment.

- You have the right to berespectedwithin the Studios

- You have the right to participatein the Studios

- You have the right to a drugand alcohol free space within the Studios

**We all have the responsibility to help make the Studios a safe and creative space.**

**Some of the ways we do this is by:**

- Respecting other people’s rights and opinions

- Using the space for what it’s here for – making art and music

- Making good choices about not coming to the Studio if you are alcohol or drug affected

- Feeling okay about challenging or being challenged about choices or actions in a non-threatening way

- Leaving the building if things are getting out of hand

- Telling us whether you want a friend, carer or support person to come along

If you have any concerns or issues about the Studios, or people in the space, please let the artists, musicians or staff know. We can only do something if you talk to us about it.

We respect what you have to say and will keep it confidential. We value your thoughts and ideas, and it could make the space a better place for everyone.

If you want to make a complaint but don’t want to talk to someone at the Studio you can ask a staff member for a copy of a Feedback and Complaint Form or go to our website*:* [*www.jss.org.au/feedback-and-complaints*](http://www.jss.org.au/feedback-and-complaints)to download a copy of the form or to submit your feedback online.

I have read, or have had read to me, the above information, and agree to uphold the Artful Dodgers Studios Rights and Responsibilities.

Printed name:

Signed:

Date:

Date:

Name:

Address: Postcode:

Phone Number: Email:

Preferred method of contact: Email PhoneText

Gender Identity:

Female  Male  Non-binary

[I/They] use a different term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to answer

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Aboriginal or Torres Strait Islander? Country of Birth:

Year of Arrival: Residency Status:

Cultural Background: Preferred Language:

Language Spoken at Home: Interpreter needed?

Type of Income:

Emergency contact phone number, name and relationship to you:

How did you hear about the Artful Dodgers?

Do you identify as LGBTIQA+?  Yes  No Prefer not to answer

What sort of art/music are you into?

**Family**

Do you have children? YN Are they in your care? YN

Any departmental involvement? Y N Are you a sole parent? Y N

How often do you have contact?

**Housing**

What type of housing do you live in? *E.g. refuge, private rental*

How long have you lived there?

How many times have you moved in the last month?

Who do you live with? *E.g. on your own, with friends*

Is your current accommodation: Safe? Y N Affordable? Y N Stable? Y N Disclosable? Y N

**Education, Employment & Training**

What is the highest level of education or training have you completed? *E.g. Year 10, Cert IV, VCE, Bachelor degree, etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of tertiary course completed:

Which year did you complete this?

Are you interested in education and training with Jesuit Community College? Y N

What is your current involvement in education and training? *E.g. none, deferred from uni, studying Cert IV*

**Income**

What is your main source of income?

Are you currently working? Y N

If yes, what type Full-Time /Casual/ Part-Time/ Contractor

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in voluntary work or unpaid work experience? Y N

If you are on Centrelink, what kind of payment are you on and how long for?

Are you currently seeking work opportunities?

**Drug and Alcohol use**

Do you have any current substance use issues, and if so what kind?

Do you have any past substance use issues, and if so what kind?

Does your drug and alcohol use stop you from doing things? No Sometimes A Lot

Are you currently receiving alcohol or drug treatment?

**Physical & Mental Health**

Do you have a health condition, problem or disability? *E.g. vision impairment, epilepsy, asthma etc.*

If yes, what symptoms do you experience? *E.g. dizziness, trouble reading, mood swings*

Does your condition ever stop you from doing things? No Sometimes A Lot

Do you have a mental health condition or issue? *E.g. anxiety, bipolar, depression etc.*

If yes, what symptoms do you experience? *E.g. panic attacks, mood swings, low motivation)*

Does your mental health ever stop you from doing things? No Sometimes A Lot

Are you on medication to manage any of these conditions?

Do you currently receive mental health support? Y N

Have you received mental health support in the past? Y N

Do you have a mental health case plan? Y N

Is there anything else we should know to ensure the space is safe and comfortable for you and others?

**Justice**

Have you ever been to court for alleged offences? Y N

Have you ever been detained?

Do you have a court order that may affect your involvement in the space?

Are you on a community based order? Y N

**Service Involvement:**

Have you had any Child Protection Involvement? Y N

Have you ever been a victim of Family Violence? Y N

## Consent Form for Artful Dodgers Studios Participants

## Before you sign this form, please read the following:

|  |  |
| --- | --- |
| **Why should I read this?** | We want you to know why our workers need to ask questions about your personal life and why our workers need to keep some of your answers in files or on our computer systems. |
| **Why is my information needed?** | We need to get information about you to confirm program eligibility, so we can make sure you are receiving the right services to meet your needs. |
| **Where is information about me kept?** | We keep information that you give us securely in a file with your name on it or on our computer systems. |
| **Who sees information about me?** | Your file is locked in a filing cabinet most of the time. It is only taken out of the locked filing cabinet if a worker needs to add new information or find out information about you, for example how to contact you.  The information about you that is put on our computer systems can only be looked at by Jesuit Social Services’ staff.  Some information about you might go onto government databases if the state or federal government is funding the program you are coming to at Jesuit Social Services. The government uses the information to make sure that the money they have given Jesuit Social Services to run our programs is being well spent.  Sometimes your information may also be used to help us plan better programs. Any information about you that is used for planning and research will not have your name on it. |
| **Can I see my file?** | You may ask to see your file. A Jesuit Social Services’ worker will go through the file with you, unless there is a reason we cannot show you and those reasons will be explained to you. |
| **Do I have to answer all the questions I’m asked?** | You need to tell us some information about yourself such as your name, address and date of birth and the reasons why you want to join our program so we can make sure this is the right program for you. You do not have to tell us everything about yourself, however, telling us some information about your background and how you identify helps us to help you. In some circumstances we may not be able to provide a service to you if you don’t provide us with enough information. |
| **What if a worker from another agency wants information about me?** | We will only share information about you with workers from outside Jesuit Social Services if you have agreed to let us do this. But if there is a safety issue, we may have to share information about you without your consent. For example, we might have to share information with another agency if we are concerned for your safety, if children are at risk, if there is a family violence risk or if required to by law. |
| **What if my Jesuit Social Services’ worker wants information about me from a worker at another agency?** | If we need to get information about you from someone else, we will always do our best to ask you first, before trying to get that information. We will only ask for that information without your permission if there is a crisis. |
| **What if my records are wrong?** | If any information we have written about you is wrong, you can let us know and we will talk with you about how it should be changed. |
| **What happens to my file once I no longer come to a Jesuit Social Services’ program?** | Your file is kept in locked storage whilst we are working with you. It is then archived for at least 7 years post us working with you, so if you want to see your file in that time you can. After that it will be securely destroyed. |
| **Consent for feedback** | We are interested in your feedback so we can improve our services. When you stop working with us we would like to forward your contact details (name & phone number) to our Central Office so that you can be contacted and asked to do a short survey. The survey takes about ten minutes and does not contain any identifying information about you. If you do the survey you will receive a $20 Coles Myer voucher as a token of our thanks. If you consent to providing feedback at exit from the program now, you can withdraw that consent at any time. |
| **What if I have other questions?** | If you have other questions about how information about you is used, just ask your Jesuit Social Services worker. If you are unhappy with information that is written about you or how information is shared, you have the right to complain. Talk to your worker about your concerns and if you are still unhappy, ask to speak to the Jesuit Social Services’ Privacy Officer. |

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| --- |
| **PARTICIPANT CONSENT** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name):  **☐** have read, or have had read to me, the above consent information and agree to allow Jesuit Social Services to collect information about me and to keep a record of that information.  **☐** understand that my Jesuit Social Services’ worker might need to share information about me with workers from other agencies, including partner services, in order to help and support me. I am willing to allow my Jesuit Social Services’ worker to share information about me with the following agencies:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Agency Name** |  | **Suburb** |  | **Telephone No:** | | 1. |  |  |  |  | | 2. |  |  |  |  | | 3. |  |  |  |  | | 4. |  |  |  |  | | 5. |  |  |  |  |   **☐** have discussed what information I do and don’t want shared with other agencies.  **☐** consent to my contact details (name & phone number) being provided to Jesuit Social Services’ Central Office so that I can be invited to give feedback on the service/support I have received via a short telephone survey.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NB Consent must be obtained from legal guardians for participants under 16 years of age. The**  **section below must be completed by the legal guardian.** |
| **LEGAL GUARDIAN’S CONSENT (required for participants under 16 years of age)** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name) have read, or have had read to me, the above information and agree to allow Jesuit Social Services to collect information about my child/dependent and to keep a record of that information.  I also understand that my child/dependent’s Jesuit Social Services’ worker might need to share information about my child/dependent with workers from other agencies in order to help and support him/her. I am willing to allow my child/dependent’s Jesuit Social Services’ worker to share information about my child with the agencies listed above.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STAFF MEMBER’S SIGNATURE** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have explained to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  why we collect information about participants, how it is stored and when it is shared and they have indicated an understanding of the information.  Role of Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interpreter used:  Yes  NoLanguage (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interpreter ID Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |