

Qrew - Participant Form

Participation Form

Full Name (i.e. the name that you want to be called by us, followed by your surname)		Date of Birth	
Pronouns	<input type="checkbox"/> She/Her <input type="checkbox"/> He/His <input type="checkbox"/> They/Them <input type="checkbox"/> Zee/Zir <input type="checkbox"/> Other		
Sex Assigned at Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say		
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl <input type="checkbox"/> Gender Queer <input type="checkbox"/> Other		
Sexual Orientation/ Identity	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Other		
Indigenous Status	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Non-Indigenous Mob
Country of Birth			Nationality
Address			Contact No.
			Email Address
School			
Guardian's Name			Contact No.
Relationship to you			Email Address
Emergency Contact			Contact No.
Relationship to you			Email Address
Health & Wellbeing			
Do you have any of the following impairments, conditions or disabilities?			
<input type="checkbox"/> Intellectual Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory/Speech <input type="checkbox"/> Physical Disability <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma			
<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Neurodivergent <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			
Accessibility Needs?			
Allergies (Include any Medical Alerts/Epipen Use)			
How did you discover the Qrew?			
<input type="checkbox"/> Qrew Member <input type="checkbox"/> Gateway Health Website <input type="checkbox"/> Facebook <input type="checkbox"/> School <input type="checkbox"/> Youth Service <input type="checkbox"/> Support Worker			
<input type="checkbox"/> Retro Youth Cafe <input type="checkbox"/> Gateway Health Gender Service <input type="checkbox"/> Instagram <input type="checkbox"/> Friend <input type="checkbox"/> Family member <input type="checkbox"/> Prefer not to say			
What awesome things do you want to achieve, learn or experience by being part of the Qrew?			
<input type="checkbox"/> Hang out with other LGBTQIA+ young people <input type="checkbox"/> Make cool LGBTQIA+ merchandise			
<input type="checkbox"/> LGBRQIA+ Movie nights <input type="checkbox"/> LGBTQIA+ History & your rights			
<input type="checkbox"/> Express your unique Queerness through digital media <input type="checkbox"/> How to be a LGBTQIA+ advocate			
<input type="checkbox"/> Participate in creative arts workshops or exhibitions <input type="checkbox"/> Build your confidence & senses of PRIDE			
<input type="checkbox"/> How to be a LGBTQIA+ leader in your community <input type="checkbox"/> Cool LGBTQIA+ opportunities & programs			
<input type="checkbox"/> Celebrate LGBTQIA+ days like Wear It Purple Day & Pride <input type="checkbox"/> Participate in drama/ theatre workshops with professional LGBTQIA+ artists			
Are you interested in the following?			
<input type="checkbox"/> LGBTQIA+ Information Sessions <input type="checkbox"/> Connecting with other parents of LGBTQIA+ young people			
Would you like to receive information or learn more about any of the LGBTQIA+ topics below?			
<input type="checkbox"/> Mental Health Resources <input type="checkbox"/> LGBTQIA+ Days of Significance <input type="checkbox"/> Supporting your LGBTQIA+ Child <input type="checkbox"/> Terminology			
<input type="checkbox"/> LGBTQIA+ Discrimination <input type="checkbox"/> Gateway Health Gender Service <input type="checkbox"/> How to Educate Family & Friends <input type="checkbox"/> Queer Theory			
<input type="checkbox"/> Advocating for LGBTQIA+ Rights in High School <input type="checkbox"/> How to be an Active Ally <input type="checkbox"/> LGBTQIA+ Events <input type="checkbox"/> Coming Out			

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Tell us more - What are your special interests, hobbies or talents? What do you think Queer young people need more of in our community? What is your vision for your amazingly Queer future? 😊 🏳️‍🌈

Privacy & Confidentiality

Gateway Health will use the information collected in this form to assist with the administration of the Qrew, and in case of any emergencies. This information will only be used by those involved in administering and facilitating the Qrew, which may include external facilitators hired by the Gateway Health to deliver a workshop. For more information about Privacy, please see our Information Privacy policy and Privacy Statement, available on the Gateway Health website.

Child Safe Standards

In line with the Child Wellbeing and Safety Amendment (Child Safety Standards) Act 2015, Gateway Health is committed to upholding the Victorian Child Safe Standards, to the best of its abilities and resources. Gateway Health upholds itself as an organisation committed to the participation and empowerment of all children.

Participant Responsibilities

At Gateway Health, we're committed to providing a safe and supportive environment. To ensure this, we've set up a Group Agreement that we ask everyone, including Qrew members and staff, to acknowledge and follow.

Developed by Qrew, these guidelines help maintain a positive and respectful atmosphere. 😊



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Qrew Group Agreement



- **We aim to make everyone feel welcome in the group.**
 - We are mindful of who is talking and avoid chatting over the top of people.
- **This is safe space to discuss your sexuality, gender identity or intersex status.**
 - We welcome everyone who celebrates diversity including friends and allies.
- **We use inclusive language** - So that we and the people around us feel awesome!
 - Using people's stated pronouns - If in doubt; just ask 😊
 - This is a safe place to try out new names and/or pronouns.
 - Being mindful and avoiding language others may find rude, offensive or aggressive.
 - Don't use Queerphobic slurs or language - We hear enough of that at school and in the community!
- **We respect each other's personal space, opinions and values.**
- If you don't feel safe, accepted or comfortable for any reason, let us know so we can address it.
- We are all different and there is no expectation or requirement that friendships are maintained outside of the group.
- **We speak positively about ourselves and others.**
- **What we say and hear in the group stays in the group - UNLESS** a person is at risk of harm from themselves or others. If that is the case, you **MUST** share that information with staff as soon as possible to ensure their safety.
- **We respect each other's privacy** - Remember we live in a small community and word spreads easily.
 - It is important that we don't share personal details of others, including their sexual identity, gender identity or their intersex status; their names; the school they attend to anyone outside of the group.
 - We don't want to accidentally "OUT" anyone!
- **We apply these same rules on and offline.**
 - **NEVER tag** other members without their permission especially if it poses a risk of "outing" them.
 - **NEVER** take photos of group members during Qrew sessions or excursions and share on social media without their permission.
 - **NEVER** take **screen shots** or record online meetings without everyone's permission.
- **If you're leaving the Qrew early you must let a facilitator know** - To ensure you're okay!
- **We are a drug, alcohol and smoke-free space.**
- **We don't accept violent or aggressive language or behaviour.**
- To maintain the safety of everyone, the participant will be asked to leave and their guardian will be notified.

Participant Wellbeing Agreement

The Qrew is dedicated to providing a safe, affirming and fun environment for its participants. We recognise and understand the unique challenges that LGBTQIA+ young people experience at school, home and in the community.

If you find yourself struggling with your mental health we strongly encourage you to reach out for support.

- We can refer you and your guardian/s to appropriate health services to ensure you find support for your mental health and wellbeing.

In the event that Gateway Health staff become concerned about your health and wellbeing whilst in attendance. Staff will contact your Guardian to inform them and arrange for them to collect you. If, for any reason, staff are unable to reach them the emergency contact you provided will be contacted. In the case that neither are available staff will contact emergency services.

This procedure is in place to ensure the psychological safety, health and wellbeing of the ALL group participants.

- Yes, I understand my responsibilities outlined in the Group Agreement to participate in the Qrew.
- Yes, I understand that if there are concerns for my health and wellbeing staff will notify my Guardian/s.

Participant Signature		Date	
Staff Members Name			
Staff Signature		Date	

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Parent/Guardian Consent

By signing below, I agree to and understand the following:

- (a) I understand and acknowledge that the Qrew is **not** a therapeutic support group and that it does not provide clinical or therapeutic interventions.
- (b) I understand that Gateway Health is not responsible for the supervision or safety of participants before or after attending Qrew.
- (c) If, as a guardian, I suspect that my LGBTQIA+ young person is struggling with their mental health, I understand the importance of seeking clinical support. This may involve consulting with mental health professionals, therapists, or relevant healthcare providers to ensure the wellbeing of my LGBTQIA+ young person.
- (d) I have provided all relevant and accurate details for the Youth Participant to participate in this program.

Consent to use of image for young person under 18yrs old:

Before Gateway Health uses any image (photograph or video) we must have your permission. The images (photograph or video) may be used by the organisation for any educational or promotional material in print and/or digital format including our website and social media channels.

- I, as the legal guardian, hereby give my consent for the named child/young person to participate in the Qrew
- I, as the legal guardian, hereby give my consent for the use of the named child/young person's image.
- I, as the legal guardian, do not give my consent for the use of the named child/young person's image.

Name		Relationship to participant	
Signature		Date	

Consent for Independent Departure of Young Person

I, as the legal guardian, hereby give my consent for the named young person(s) to independently depart the following locations specified below [without being collected by a parent/guardian] or to arrange their own transportation home after participating in the Qrew at the following locations:

- **RetroLane** - QEII Square, 525 Swift St, Albury NSW 2640
- **Windbreak 3690** - 198A High St, Wodonga VIC 3690
- MAMA - (Murray Arts Museum) - 546 Dean St, Albury NSW 2640
- Gateway Health - 155 High St, Wodonga, VIC 3690

Name			
Signature		Date	

- Would you like to receive a reminder text to keep you updated about when Qrew is happening?
- Would you like to receive emails about any cool LGBTQIA+ news or opportunities?