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## DSG Participants Enrolment and Permission Form

### INFORMATION FOR PARENTS AND GUARDIANS

#### **A. Deadly Sista Girlz Overview**

Designed and delivered by Aboriginal and Torres Strait Islander women, Deadly Sista Girlz is a school-based Engagement Program connecting participants with local role-models, community, culture, and schooling. The purpose of the Deadly Sista Girlz Program is to empower our young Aboriginal and Torres Strait Islander women through education.

The DSG Program welcomes Aboriginal and Torres Strait Islander girls into a Sistahood where participants can yarn, workshop relevant issues and gain support to help navigate challenges along the way. Most program delivery, including weekly sessions, occur during school-hours in partnership with your child's school and support staff. The Waalitj Foundation independently provides external activities throughout the year.

#### **B. Program approach**

Leveraging the power of mentorship and cultural strengths, our mentors aim to support our young women in making positive choices about their health, wellbeing, education and futures.

The program operates primarily through a dedicated DSG room at our host school. This is essential to establishing a culturally safe space within the school environment to encourage a strong engagement with the DSG program and for meaningful mentoring relationships to develop.

The DSG learning program is delivered through group workshop sessions. Our generative themes reinforce the program's key messaging and values, and guide program staff through their daily interactions.

Deadly Sista Girlz is building a sistahood – and we openly invite all Aboriginal and Torres Strait Islander girls to be part of!

#### **Further information contact:**

Carly Davis

Deadly Sista Girlz General Manager

T: 08 9242 6704

DeadlySistaGirlz

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### A. DEADLY SISTA GIRLZ PROGRAM FRAMEWORK

#### ***IMPORTANT***

Parents and/or legal guardians are advised to review carefully the Program Framework as some topics may be considered sensitive e.g. woman's health including sexual health. If you require more information about this or other topics, please contact the DSG Coordinator.

#### Themes Description

THEME 1: Deadly Sista Girlz	Timeframe
<ul style="list-style-type: none"> <li>• Our Sista-hood</li> <li>• Our Space</li> <li>• Our Model</li> </ul>	[Term 1]
THEME 2: Solid Connections	Timeframe
<ul style="list-style-type: none"> <li>• Cultural Identity</li> <li>• Cultural Space</li> <li>• Community Culture</li> </ul>	[Term 1]
THEME 3: Lil' Women's Business	Timeframe
<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Protective Behaviours</li> <li>• Sexual Health</li> <li>• Fitness</li> <li>• Food &amp; Nutrition</li> <li>• Drugs and Alcohol</li> </ul>	[Term 2 - 4]
THEME 4: Standing Tall and Proud	Timeframe
<ul style="list-style-type: none"> <li>• Social and Emotional Intelligence</li> <li>• Relationships</li> <li>• Resilience</li> <li>• Self-Authenticity</li> <li>• Department</li> </ul>	[Term 2 - 4]
THEME 5: Deadly Futures (Pathways)	Timeframe
<ul style="list-style-type: none"> <li>• Employment Pathways</li> <li>• Personal Development</li> <li>• Work Readiness</li> <li>• Employability Skills</li> <li>• Financial Literacy</li> <li>• Goal Setting</li> </ul>	[Term 1 - 4 WK 8-10]
THEME 6: Dream Goals	Timeframe
<ul style="list-style-type: none"> <li>• Incentive Activities</li> <li>• DSG Sport</li> <li>• DSG Camps</li> <li>• Further Education</li> <li>• Employment Opportunities</li> <li>• Other opportunities and experiences that arise</li> </ul>	[Term 1 - 4]
Lil Sista's Outreach Program	Timeframe
<ul style="list-style-type: none"> <li>• Engagement activities and Primary to High school transition</li> <li>• Introduction to DSG Program: DSG, Solid Connections and Dream Goals</li> </ul>	[Term 3-4]

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# Waalitj

FOUNDATION

**FORM**

*DeadlySistaGirlz*

**Further information contact:**

DSG Coordinator's Name: Tanaya Davis-Harvey

Coordinator Phone: 0436 402 094

Coordinator Email: tanayad@wf.org.au

**B. GUARDIAN PERMISSION**

**IMPORTANT**

This form is to be completed by the parent/or legal guardian (guardian) of the student wishing to join the Deadly Sista Girlz Program. Please ensure all details are accurate and completed in full. If you are unable to provide us with your personal phone number or address. Please provide the contact information for your child's emergency-contact. For example: Next of kin or a reliable family member.

I, \_\_\_\_\_ (First name and surname), Parent/ Guardian (Please Circle) of \_\_\_\_\_ (Child's first name and surname), **give permission** for my child to participate in the Deadly Sista Girlz Program until she completes High-School. I understand and acknowledge the following points:

- The enrolment into the program is voluntary, and my child may cease participating in the program at their request, the parent/guardian's request or the request of Waalitj Foundation staff (DSG program mentors and coordinators).
- The program Framework includes sensitive topics.
- The program will offer experiences to Deadly Sista Girlz outside of school hours. During this time, the Waalitj Foundation is responsible for program participants.
- The timing and location of Deadly Sista Girlz program delivery will at times vary. Information and data will be shared between the school and Waalitj Foundation, for the time that participants are in the Deadly Sista Girlz program, such as but not limited to academic progress, attendance and wellbeing and behavior.
- Waalitj Foundation may disclose this information to other person(s) when required or permitted under the [Privacy Act 1988](#).
- Your Personal information and child's personal information collected in this form is for the purpose of contacting you if needed and for Child's health and wellbeing.
- Year 7-10 students spend approximately 60 minutes of school-time per week, in Deadly Sista Girlz Sessions.
- Year 11 and 12 students have a tailored program that is pathways focused and requires a minimum of 3 hours contact time per school-calendar year.
- Advocacy supports are subject to needs-based allocation and resource availability.

**Consent for attending Woman's Health.**

I give consent for my child to attend Woman's Health Session.

Yes  No

**Updating child Information**

I agree to inform the organisers before the program or scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the Waalitj Foundation staff will arrange to present my child for medical assessment as soon as possible.

**By signing, I understand and agree to the information above.**

\_\_\_\_\_  
Parent/ Guardian First name and Surname

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date signed

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C. PARTICIPANT GENERAL INFORMATION			
Date		School Name	
Participant Full Name			
Date of Birth		Year e.g. 7	
Medicare Card No.		Expiry date	
Home Address			
Home phone		Mobile phone	
Guardian General Information			
Full Name			
Home address			
Home phone		Mobile phone	
Email			
D. EMERGENCY CONTACT			
This form is intended to assist the Waalitj Foundation and Mentors in the event of an emergency involving your child. It is required for all children attending WF programs and excursions.			
Full Name			
Relationship			
Home address			
Home phone		Mobile phone	
E. PARTICIPANT HEALTH CARE INFORMATION			
<b>Consent for accessing participant's Health Care Information.</b>			
If your child has a condition where an emergency may occur, please indicate whether you give consent for Waalitj's staff to place your child's medical details and photo on view to provide immediate identification.			
I give permission for my child's "medical details and photo" to be on view for Waalitj staff? <input type="checkbox"/> <input type="checkbox"/>			
If yes, Waalitj's Staff will take a photo and attached to the relevant Health Care Information			
Description	Yes	No	Don't know
Allergies (penicillin, food, etc.)			
Anaphylaxis (bees, nuts, etc.)			
Asthma			
Seizures disorder			
Epilepsy			
Diabetes			
Hearing impairment			
Physical disability			
Visual impairment			
Neurological or Behavioural Conditions (ADHD, ASD, FASD etc.)			
Mental Illness or Disorder (Anxiety, Depression, CPTSD etc.)			
Other conditions or needs			
<b>If you have ticked any of the boxes above, please provide further information.</b>			

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### E. PARTICIPANT HEALTH CARE INFORMATION

Description	Yes	No	Don't know
Is your child presently taking tablets and/or other forms of medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child self-administer the medication? if yes provide details such frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a Medic Alert bracelet or pendant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you have ticked any of the boxes above, please provide further information.</b>			
<input type="checkbox"/> <input type="checkbox"/>			

### F. SWIMMING ABILITY

#### Details of swimming ability related to excursions

Waalitj Foundation will request further information from parents/guardians for more specific details of participant' skills and abilities as related to the location of water-based activities and associated levels of risk, for example; ocean, beach, pool, lakes, trails etc.

**Please tick which of the following stages of swimming ability is your child on.**

<input type="checkbox"/> 1. Beginner	<input type="checkbox"/> 2. Water Discovery	<input type="checkbox"/> 3. Preliminary
<input type="checkbox"/> 4. Water Awareness	<input type="checkbox"/> 5. Water Sense	<input type="checkbox"/> 6. Junior
<input type="checkbox"/> 7. Intermediate	<input type="checkbox"/> 8. Water Wise	<input type="checkbox"/> 9. Senior
<input type="checkbox"/> 10. Junior Swim and Survive	<input type="checkbox"/> 11. Swim and Survive	<input type="checkbox"/> 12. Senior Swim and Survive

Does your child have a higher swimming ability of the mentioned above according to the Royal Life Saving Society?

Yes  No if 'Yes', please provide details \_\_\_\_\_.

#### Swimming Ability Descriptions

Stage	Description
<b>1. Beginner</b>	Safe entry and exit from the water.
<b>2. Water Discovery</b>	Being pulled to safety and development of the freestyle stroke
<b>3. Preliminary</b>	Perform survival sculling on back float and learn freestyle breathing.
<b>4. Water Awareness</b>	Water safety and learn survival backstroke.
<b>5. Water Sense</b>	Develop understanding of water safety elements while extending backstroke skills.
<b>6. Junior</b>	Competitive swimming dive as well as the ability to swim 50 m freestyle.
<b>7. Intermediate</b>	The skill of egg-beater kick used in water polo while extending swimming and survival abilities.
<b>8. Water Wise</b>	Develop good judgement in water safety while learning the skill of sidestroke.
<b>9. Senior</b>	Skill of competitive tumble-turns and learning basic principles of resuscitation.
<b>10. Junior Swim and Survive</b>	Links the skills of swimming, diving and treading water needed when in open water. Having gained these skills give surfing a try.
<b>11. Swim and Survive</b>	The use of a personal flotation device while extending swimming and survival abilities. Having gained this skill give canoeing a try.
<b>12. Senior Swim and Survive</b>	Includes what to do when escaping from a capsized boat while extending swimming and survival abilities. Having gained these skills give sailing a try.

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### G. MEDIA CONSENT

Waalitj Foundation provides Education, Employment and Business opportunities for Aboriginal and Torres Strait Islander Australians.

Waalitj Foundation uses images of participants in a number of campaigns materials, both online and in hard copy. To this end the Organisation requires your written permission to use your/ your child photographic / filmed image in association with material being compiled to promote Waalitj Foundation Work.

I hereby give my unconditional permission to Waalitj Foundation to use my / my child's name, voice and photographic/filmed image for the purpose of promoting, publicizing and advertising Waalitj Foundation work.

I understand the image(s) will remain the property of Waalitj Foundation and may be used in its publications, website and other publicity material and I expressly authorise such use.

I agree that no fee will be made for my participation and acknowledge that no additional fees will be payable.

I give express permission for Waalitj Foundation to crop or alter the image(s) as necessary. I acknowledge that the image(s) may also be included in the central Waalitj image library for use.

I certify that I am over 18 years of age.

Name: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

If the subject is a minor (18 years and under), the permission of a parent/ guardian is required on the Media Consent

Child Name: \_\_\_\_\_.

Parent/ Guardian Name: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

### **IMPORTANT**

Please return to the Program Mentor or email to: [tanayad@wf.org.au](mailto:tanayad@wf.org.au)