## Information sharing and services coordination for children charged with offences – consent form (easy English)

Legislation: Youth Justice Act 1992 Part 9, Div 2A

Young person details				
0	Name			
	Date of birth (day/month/year)			
	Gender	Ť	Male	
		<b>Å</b>	Eremale	
		ٞ؇ٟ	Other	
	Home address			
((( , )))	Phone number			
	Cultural heritage			
Parent or	guardian details			
<b>Y</b>	Parent or guardian name (include child safety officer)			
	Home address			
((( , )))	Phone number			



	· · ·	mended unless as ap	
Who has	information about me?		
	Queensland Police Service		Department of Housing, Local Government, Planning and Public Works
	Department of Youth Justice		Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts
Ê	Department of Education		Department of Health
	Queensland Corrective Services	?	Service provider:
Queensland Government Department of Child Safety	Department of Child Safety, Seniors and Disability Services		
What info	ormation is it?		
0	who I am		
	my family		
	my health		
e -	my school		
	my culture		
<b>Í</b>	my Youth Justice		
	my offences or court		
?	other (what is it?):		

Who am	I giving information to?		
	Queensland Police Service		Department of Housing, Local Government, Planning and Public Works
* <u>*</u> * <u>*</u> *	Department of Youth Justice		Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts
Ê	Department of Education	0000 00000E	Department of Health
	Queensland Corrective Services	?	Service provider:
Queensland Government Department of Child Safety	Department of Child Safety, Seniors and Disability Services		

Image:	Why?	
Image: Second state   Image: Second state     Image: Second state   Image: Second state <th></th> <th>to be part of making plans to help you</th>		to be part of making plans to help you
The second secon		to help a court understand what you need
		to offer services, programs or support for you
to send you to the right services for help		to find out your needs
	Ê	to send you to the right services for help
to look at your health or disability needs		to look at your health or disability needs



I know this information will only be given to the people/places I named in this form.

I know this information will only be given to other people/places if the law says it must.

This form must be completed in its entirety and must not be amended unless as approved by DYJ

Toung	berson	 
	Signature	 Date
Witness	5	 
	Signature	 Date

## **Privacy notice**

Value name

These are the services:



Queensland Police Service



Department of Youth Justice



- Department of Housing, Local Government, Planning and Public Works
- Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts
- Department of Health
- Service provider:



• Department of Education



Queensland Corrective
Services



Department of Child Safety,
Seniors and Disability
Services

These services will use this information to:



- find out what you need
- help you get support
- collect and share information with other services (if ticked above).

You are allowed to know what information is being shared about you.

Your information may be shared even if you do not agree.

Your personal information will be managed in line with the *Information Privacy Act* 2009.

This form must be completed in its entirety and must not be amended unless as approved by DYJ