



9.0 Project Consent Form to use copyright material, image, recording or name

1 I GIVE CONSENT

On behalf of the individual identified in section 6 of this Consent Form (the **Individual**), the person or persons signing this Consent Form (the **Signatory**)* grants consent to the Department of Education and Training (the **Department**) and to any other Department or Agency of the State Queensland (the **State**) to use, record and disclose the Individual's:

- name, image and other identifying information (**personal information**); and
- copyright material, including their written, artistic or musical works or video or sound recordings (**Individual work**).

Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual. The Individual must also sign if he or she is under 18 **and able to give and understand the consent. If the Individual is 18 or older, the Signatory and the Individual will be the same person.*

2 FOR THE PURPOSE OF

This consent applies to any use recording or disclosure of the Individual's personal information or Individual work, in connection with the Department or State, for:

- the purposes identified in the Project Details section of this Consent Form; and
- public relations, promotion, advertising, media and commercial activities concerning the Project.

3 FOR THE DURATION OF

This consent will continue until the Individual revokes consent by providing written notification to the person nominated in Section 7 of the Project Consent Form.

Despite the above, if, at the time the Individual revokes consent, the Department or the State is using the Individual's personal information or Individual work, or the Department or the State has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the Department or the State's use is complete or until the contractual obligations come to an end.

4 I UNDERSTAND THAT

- '**Project**' means the project described in the Project Details section of this Consent Form.
- '**Use**' includes:
 - to create, make copies of or reproduce or retain in any form, including by camera, video, digital recorder, webcam, closed circuit television, mobile phone or any other device; and
 - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet,
- in whole or in part, and to permit other persons to do so.
The Department or the State will not pay the Signatory or the Individual for giving this consent or for the use of the Individual's personal information or Individual work.
- This Consent Form revokes and replaces all previous consent forms in relation to the use of the Individual's personal information or Individual work in the Project.
- Nothing in this Consent Form limits the rights that the Department or the State reserve in relation to the use of the Individual's personal information or Individual work, copyright or other intellectual property under any other law.
- The 'Department' and the 'State' include the officers and employees of the Department and the State engaged in performing services for the Department and the State.
- This consent extends to the Department and the State:
 - disclosing the Individual's personal information and Individual work to the Department's and the State's agents, contractors and volunteers for the purpose of performing services for the Department and the State; and
 - permitting those persons to use, record and disclose such material to the same extent as the Department and the State are entitled to deal with the Individual's personal information and individual work.



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5 PROJECT DETAILS

Name and description of Project:

Queensland School Sport Representative Sporting Teams attending District, Regional, State, Interstate, National or International Events

Description of what is to be made, used, retained or reproduced:

Individual's copyright material Individual's name Individual's image

Description of image, copyright material, recording or other personal information:

[Print]

Description of the purpose for which the personal information or individual work is required, and the medium of reproduction (e.g., paper, electronic or other form). Will it be made, used, retained or reproduced, and will it be distributed, published or communicated to the public (e.g. on the Internet)?

Required for the promotion of Queensland School Sport - name and image may appear in various forms of media - for example: championship programs, team photographs, school sport websites, championship/annual reports and local media such as TV, radio and newspapers.

As a value add or service to parents, team photographs, action photography and DVD's may be taken by commercial photographers.

Team photographs, ordered by parents, will be distributed to team members by the team's manager.

Action photography of athletes, whose consent by parents has been received, may be published on the commercial photographer's website for retail sale.

DVD's may be available for sale at the event or through retail sales, usually to the parents of such students.

Description of the timeframe during which the Individual's name, image or Individual work is required (e.g. Is it for one-time use? For what date or dates?):

May be used for the period of enrolment of the individual at the school this consent was returned. Timeframe will cover from the time of selection or otherwise in accordance with clause 3.

Name of the departmental position/person responsible for the making, usage, storage, reproduction, distribution, publication or communication of the Individual's personal information or Individual work:

Manager, Queensland School Sport Unit.

Name that should be used in association with the Individual or the Individual's image or Individual work:

Full name First name only No name Other: _____ [Print]



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6 DETAILS

Name of Individual

Address of Individual

Name of organisation, school or TAFE (at which the Individual is enrolled, employed, or works as a volunteer, if any)

Signature of the Individual (If over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)

Date

/ /

Signature of the parent or guardian (if the Individual is under 18 years of age)

Date

/ /

Name of signing parent or guardian

Address of signing parent or guardian

7 NOTE

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority of a person to provide consent.

If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact the Principal of the school at which the individual is enrolled.

8 INFORMATION

What is this consent for?

This Consent Form authorises the Department and the State to use the Individual's personal information and copyright material, together with information about the Individual's participation in Departmental and State initiatives, for the purposes specified in the Project Details section of the Consent Form. This consent covers the entire or partial use of the Individual's personal information and copyright material in conjunction with other words and images.

For example, the Individual's personal information and copyright material may appear in school or TAFE newsletters, magazines, websites and other school, TAFE, Departmental or State publications, as well as in television advertising, videos, brochures, forms, public relations displays, annual reports, press advertising, internal documents such as manuals, websites, certificates and strategic plans, and posters and other promotional material. There may also be occasions on which the Department may approve the media, such as local newspapers and television stations, using information and copyright material in relation to the Individual (for example, where the Individual is involved in dramatic or musical performances, sporting activities or award ceremonies).

What is copyright material?

An Individual's copyright material may include written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, recordings, computer programs, websites, sculptures, fashion, metal or wood works made by them or to which they contributed. In the case of students, it includes, but is not limited to, work that they create in the course of their studies during the time they are enrolled at a State school. These materials may form part of their academic assessment or be part of their studies generally and may attract copyright.

The Department understands that students and volunteers generally own the intellectual property rights in the material they create and that this Consent Form is not meant to transfer the Individual's ownership of the intellectual property in their copyright material.

This Consent Form does not provide for copyright consent in relation to copyright works an Individual creates in the course of employment (whether or not the material is created in normal work hours or using departmental facilities or equipment). Where copyright material is created by a State employee while performing their duties under the terms of their employment, the Copyright is owned by the State as the employer (section 35 *Copyright Act 1968*). There are limited exceptions to this including, for example, where the copyright material is created by an employee pursuant to a prior agreement with the employer.

Generally, the deciding factor is whether the employee is performing their official duties. In addition, section 176 of the *Copyright Act 1968* applies where the work was created by or under the direction or control of the State. However, moral rights may still apply to copyright material created by an employee. The *Queensland Public Sector Intellectual Property Guidelines* provide further information on Intellectual Property. If as an employee you have any further queries about the ownership of the intellectual property in respect of the works you create you should contact the Legal & Administrative Law Branch.

What is personal information?

Personal Information includes information or opinions, whether true or not, about an Individual whose identity is apparent or can reasonably be ascertained from the information or opinion. This includes the Individual's name, recording or image. It also includes the Individual's educational information such as the Individual's assessment and results, and health information and Court Orders provided to the Department, where such information may enable the Individual to be identified.

What happens to the Consent Form once it is completed and signed?

The Consent Form is retained by the Department and it will be placed on the Project file. The Individual or Signatory may request a copy of the signed form by contacting the person nominated in Section 7 of this Project Consent Form.

What if I give my consent and later change my mind?

The consent will be in effect until withdrawn as described in Section 3 of the form. The consent can be modified or withdrawn at any time by writing to the person nominated in Section 7 of this Project Consent Form. However, any changes will apply only from the date that the Department receives any consent withdrawal. Any existing material will not be withdrawn from use if the Department or the State is currently using the material or where the Department or the State has entered into contractual obligations in relation to this material. In such cases the withdrawal will be effective after the Department or the State's use is complete or after the contractual obligations come to an end.

Privacy

Your consent to the recording, use and disclosure of the Individual's personal information and Individual work is required in accordance with the *Copyright Act 1968 (Cth)*, the *Education (General Provisions) Act 2006* and *Information Privacy Act 2009*. Personal information will be stored securely. The Department will only disclose the Individual's personal information in accordance with your consent, except where authorised or required by law. If you wish to access or correct any of the personal information on this form, or discuss how it has been dealt with, or if you have a concern or complaint about the way the Individual's personal information has been collected, used, stored, or disclosed, please contact the relevant organisation, school or TAFE institute.



**Authority and Consent Form – District
to share personal details and medical history**

Students Name:	Date of Birth: / /
School:	Male / Female (please circle)

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education and Training (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

* Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education and Training is collecting your child's personal details (Form B6) and medical history (Form B7) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education and Training. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way: _____

AUTHORITY AND CONSENT

I hereby authorise the obtaining on my behalf of such medical assistance as(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

I consent for authorised Department of Education and Training employees to share:

- My personal details, and
- The individual's personal details and medical history

with relevant medical professionals in the event of accident or illness or as required by law.

Signature of the individual <i>(if over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent.</i>	Date <div style="text-align: center;">/ /</div>
Signature of the parent or guardian <i>(required if the individual is under 18 years)</i>	Date <div style="text-align: center;">/ /</div>

This form to be returned to: **DISTRICT SPORTS CONVENOR / COACH / MANAGER**



Parental Consent Form – District

I hereby give my consent for my son/daughter _____ to participate in any trial/competition/training conducted by Bayside Secondary District School Sport.

I agree that, during the periods of the trial/competition/training in which my son/daughter participated and other activities as maybe deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the trial and/or team/s in which he/she is included.

I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my son/daughter participates and during such other activities as may be deemed necessary.

I acknowledge the fact that Insert Bayside Secondary District School Sport carries no insurance cover against accident/injury during trial/competition/training and associated activities. I also understand that whilst at the trial/competition/training, my son/daughter is under the control of the District officials.

I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 30+ (or higher) broad spectrum sunscreen.

I have read and abide by Parents Code of Behaviour as listed below.

<i>Signed:</i> <i>(Parent/Care Giver)</i>	<i>Date:</i> / /
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Parents' Code of Behaviour

- Cooperate with the school and district to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with team officials regarding your child's learning, wellbeing and behavior.
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.

Students' Code of Behaviour

- Take responsibility for your own behavior and performance.
- Compete by the competition conditions and rules.
- Never argue with the Judge's, Referee's or Umpire's decision.
- Control your temper – no criticism by word or gesture.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Follow all directions of team management/officials.

I have read and understand the Students' Code of Behaviour and agree to abide by its conditions.

<i>Signed:</i> <i>(Student)</i>	<i>Date:</i> / /
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This form to be returned to: **DISTRICT SPORTS CONVENOR / COACH / MANAGER**



Student Details Form – District

Player Details			
Surname		Male / Female (Please circle)	
Given Name			
Date of Birth			
Home Address			Postcode
Home Telephone	Mobile Telephone		
Contact Email			

Parent / Guardian / Carer 1			
Surname		Given Name	
Home Address (If different to Player's)			Postcode
Home Telephone	Mobile Telephone		
Contact Email			

Parent / Guardian / Carer 2			
Surname		Given Name	
Home Address (If different to Player's)			Postcode
Home Telephone	Mobile Telephone		
Contact Email			

Contact Person (When parent/guardian/carer cannot be contacted)			
Surname		Given Name	
Home Address (If different to Player's)			Postcode
Home Telephone	Mobile Telephone		

Any Relevant Family History

This form to be returned to: ***DISTRICT SPORTS CONVENOR / COACH / MANAGER***



Medical Details Form – District

Surname			
Given Name		Male / Female (Please circle)	

Where a YES or NO response is required please enter that word in the cell rather than a tick or cross.

Immunisation Details (Please complete. List others as appropriate. Enter the words YES or NO rather than ticks.)			
Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from a medical condition?	Yes?		No?	
If Yes, list conditions: eg asthma, diabetes, etc				
Please list medications				
Is a medical practitioner currently treating you?	Yes?		No?	
If Yes list details. NOTE: Please list any current medication.				
Are you suffering from an injury or condition that is likely to be aggravated by competition?	Yes?		No?	
If Yes list details				

Medicare Card Number																				
Cardholder Name (if not in name of student)																				
Private Health Insurance Company Name (if covered)																				
Private Health Insurance Membership Number																				
Do you have Personal Accident & Injury Insurance cover against accident/injury for competitions and associated activities (training, travel, etc.)	Yes?		No?																	
Personal Accident & Injury Insurance Company Name																				

Please list any other relevant medical history

***NOTE:** It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Bayside Secondary School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.*

This form to be returned to: **DISTRICT SPORTS CONVENOR / COACH / MANAGER**