Dear Parent

The **Active After-school Communities program** ("Active After School program") is funded by the Australian Government and run by the Australian Sports Commission. It provides opportunities for children to take part in sport and other structured physical activities in the after school hours time slot of 3:00pm to 5:30pm.

If you wish to register your child in the Active After School program, please complete the parent consent form. Completing this form is a requirement of registering your child in the Active After School program. **Please return your completed parent consent form to the administrator of the Active After School program in your child’s school or after school care centre as soon as possible but no later than the second week of term 3.**

This parent consent form also allows you to provide or deny consent for you and/or your child to participate in an evaluation of the Active After School program. The Australian Sports Commission is partnering with an independent research organisation - Newspoll - to conduct this evaluation. We are doing this to find out what works, what doesn’t work and what can be improved about the program. One way that we will be collecting our evaluation information is through a telephone survey of parents of participating children and a self-completion questionnaire for children aged 8 years and older (completed at school or in after school care). The telephone interview may ask parents about the types of physical activity your child takes part in, how your child feels about physical activity, what kind of impact the Active After School program has had on your child, and/or how you feel about the Active After School program. The child questionnaire asks children about what they like to do after school, how they feel about physical activity and their opinion of the Active After School program. You will find that the interview and questionnaire should only take about 15 minutes to complete.

If you do not wish to participate in the evaluation, or your child to participate in the evaluation, you can indicate this on the second page of the parent consent form and you will not be contacted.

Participation in the surveys is voluntary and non-participation will not affect you or your child in any way, but we urge you to participate. **Your input will help make the Active After School program better for your child and for other children.** Your child will take part only if both you and your child agree. If you and/or your child do participate, no one will be able to identify you or your child from the results of the study. Only the researchers will have access to this information, and they will use it for no other purpose than towards evaluation of the Active After School program. The data from the research will be securely stored by Newspoll and you will be given the opportunity to remove your data if you prefer.

Thanks for your important contribution to this evaluation of the Active After School program. If you would like to learn about the findings from this evaluation research, you will also be able to access a report on the Australian Sports Commission website when the project finishes in 2011. If you have any questions or concerns now or when taking part in the evaluation research, please contact Christine Chalmers at Newspoll (c.chalmers@newspoll.com.au or 6249 8706) or Shoyan Lu of the Research and Evaluation Unit at the Australian Sports Commission (shoyan.lu@ausport.gov.au or 6214 1990). You can also speak to the carer or teacher who is responsible for coordinating the Active After School program at your child’s school or after school care centre. For independent verification of the research, you can contact the Australian Market and Social Research Association’s free Survey Line on 1 300 364 830. Please keep this letter for your records.

Thank you.

Wenda Donaldson  
Acting Director  
Community Sport  
Australian Sports Commission
Active After-school Communities – Parent/Guardian Consent Form

School \ Out of School Hours Care Service (OSHCS) details:

School or OSHCS Name

Activity(s) being delivered Term Activities

Child/ren details: To be completed by Parent/Guardian. PLEASE USE CAPITALS
Please include all children who are participating in the Active After-school Communities Program this term.

Child 1
First name ___________________________ Last name ___________________________ Sex (circle one) M F
Date of birth dd mm yyyy
Is child of Aboriginal or Torres Strait Islander origin? (circle one) Yes No
School Year (eg Year 4)

Child 2
First name ___________________________ Last name ___________________________ Sex (circle one) M F
Date of birth dd mm yyyy
Is child of Aboriginal or Torres Strait Islander origin? (circle one) Yes No
School Year (eg Year 4)

Child 3
First name ___________________________ Last name ___________________________ Sex (circle one) M F
Date of birth dd mm yyyy
Is child of Aboriginal or Torres Strait Islander origin? (circle one) Yes No
School Year (eg Year 4)

Parent/Guardian details: To be completed by Parent/Guardian. PLEASE USE CAPITALS

Parent/Guardian first name ___________________________ Parent/Guardian last name ___________________________ Relationship to the child/ren ___________________________
Does your household speak any languages other than English at home? (circle one) Yes No If yes, what other languages?
Postal address ___________________________ ___________________________ ___________________________
Suburb/town ___________________________ Postcode ___________________________ State/Territory ___________________________
Home landline phone number ( ) ___________________________ Work landline phone number (if applicable) ___________________________
Mobile phone number (if applicable) ___________________________ Please turn over
Child/ren medical information: To be completed by Parent/Guardian

Please tick if your child/ren have any medical conditions and/or take any medication which the activity supervisor(s) need to be aware of?

Child 1  Child 2  Child 3

Child 1  Child 2  Child 3

Please tick if there are any activities that your child/ren should not participate in or that should be modified for your child/ren due to medical or other reasons?

If ticked above, please provide details for each child:

**Consent/Authority to participate in the Active After-school Communities Program:**

1. As the parent or legal guardian of the child/ren named above (my child/ren), I give my permission for my child/ren to participate in the Active After-school Communities Program ("Active After-school" program) activities specified above, to be conducted by the School/OSSCs named above.

2. I agree to release the Australian Sports Commission (ASC) from my liability to my child/ren or myself in relation to any injury or illness that my child/ren may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a result of the negligence of the ASC.

3. I acknowledge and agree that the School/OSSCs collects personal information for the purposes of conducting the activities, and that the School/OSSCs may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the "Active After-school" program.

4. I give my permission to the supervisors of the activities appointed by the School/OSSCs to implement the School/OSSCs code of conduct and/or take other reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.

5. In the event of any injury or illness to my child/ren, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child/ren.

6. I have provided all information necessary for the supervisors to plan safe participation by my child/ren in the activities, including, if relevant, details of any activities that my child/ren should not participate in or that should be modified for my child/ren due to medical or other reasons.

**Consent/Authority to participate in the Active After-school Communities Program Evaluation:**

7. The ASC is undertaking an evaluation of the "Active After-school" program and will need to gather the views of those involved in the "Active After-school" program, including participating children and their parents/guardians. The ASC and its contracted researchers may contact you in the future to invite you to participate in a telephone interview that could take about 15 minutes of your time. The interview may ask you about the types of physical activity your child/ren takes part in, how your child/ren feels about physical activity, what kind of impact the "Active After-school" program has had on your child/ren, and/or how you feel about the "Active After-school" Program.

8. Involvement in the telephone survey is voluntary. Participants will be randomly selected. All responses will be kept confidential and any reporting will be generalised so that no one individual can be identified.

If you tick the box below to indicate that you do grant permission, the details you provide on this form may be passed on to the ASC and its contracted researchers for the above research with parents/guardians.

I GRANT permission

9. Your child/ren, if aged 8 years or older, may also be invited to complete a questionnaire while participating in the "Active After-school" program. This is a short questionnaire that asks him/her about what they like to do after school, how they feel about physical activity, and their opinion of the "Active After-school" program. The questionnaire is filled out right after an "Active After-school" session, for three weeks, and typically takes about 15 minutes each time.

10. Involvement in the child survey is voluntary. Participants will be randomly selected. All responses will be kept confidential and any reporting will be generalised so that no one individual can be identified.

If you tick the box below to indicate that you do grant permission, the details you provide on this form may be passed on to the ASC and its contracted researchers for the above research with participating children.

I GRANT permission

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I have read, understood and agree to the above terms and conditions.

Name

Signed

Date d m y y y y