GENERATIONS CONNECT

PHOTOGRAPH, STORY AND KEEPSAKE BOOKLET CONSENT

Generations Connect is a program of UniMinistry Foundation Ltd, a registered charity. A trained, screened student volunteer visits you each week — where you live — to talk about your life. At the end we make you a printed keepsake booklet of your story, in your own words.

This form asks what you are happy for us to do with your words and your photographs. You can say yes to some things and no to others, and you can change your mind at any time — just tell your volunteer or any staff member here. You never have to give a reason, and nothing you decide will change the visits you receive, the booklet you are given, or the care and support you receive. Your volunteer will read this form through with you before you sign.

Section 1

About you

Your full name _____ **The name you like to be called** _____

Service, village or provider _____ **Room, unit or address** _____

☐ Residential aged care ☐ Retirement living ☐ Specialist service

Your volunteer's name _____ **Date visits begin** _____

Section 2

Who is signing this form

☐ I am signing for myself ☐ I am signing on behalf of the resident, as their substitute decision-maker

If signing on their behalf — your name _____ **Relationship to the resident** _____

Your authority (enduring guardian, enduring power of attorney, person responsible, other — please state) _____

If the resident is not able to make this decision, their substitute decision-maker signs. The volunteer will still explain the program to them, ask their agreement each visit, and stop immediately if they do not want to take part — whatever this form says.

Section 3

My story and the booklet

What I am agreeing to	YES	NO
My volunteer may take written notes of our conversations.		
My story may be written into a keepsake booklet in my own words.		
My volunteer may audio-record our conversations to help write my story down accurately. Recordings are used only for this, and are deleted once the booklet is finished.		
The names of my family and friends may appear in my booklet.		

You can ask for anything to be left out at any time. You will be shown the full draft and asked to approve it before it is printed.

Section 4

Photographs

What I am agreeing to	YES	NO
My volunteer may take photographs of me to include in my booklet.		
My volunteer may photograph or scan my own photographs to include in my booklet. My original photographs are handed straight back to me and are never taken out of this home.		

Section 5

Who receives a copy of my booklet

What I am agreeing to	YES	NO
A copy may be given to the family member or representative I name below.		
A copy may be given to the service, village or provider named above, for its library or memory wall.		

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Name of family member or representative **Relationship** **Phone or email**

You always receive your own copy. That is not optional, and there is no charge to you or your family.

Section 6

Optional: may UniMinistry share part of your story?

This section is entirely optional and separate from everything above. Saying no changes nothing — you will still receive your visits and your booklet.

What I am agreeing to	YES	NO
My first name only and short extracts from my story may be used in UniMinistry newsletters, on its website and social media, and in reports to donors and funders.		
Photographs of me may be used in the same way.		
My full name may be used in the same way.		

Once something has been printed or published online we may not be able to withdraw it completely, although we will remove it from anything we control as soon as you ask.

Section 7

How your information is handled

UniMinistry Foundation Ltd handles your personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. We collect your story, your volunteer's notes, photographs and the choices you make on this form — some of it sensitive information, such as health, religion or cultural background — in order to produce your keepsake booklet and to run, supervise and report on the Generations Connect program. It is kept securely by UniMinistry Foundation; your volunteer keeps notes on a password-protected device and hands everything to the program coordinator at the end of your visits. Who sees it: your volunteer and the program coordinator, and a copy of this signed form is given to the service or home. Program results, including loneliness measured with the UCLA-3 scale, are reported to aged care providers and funders in de-identified, grouped form only — never in a way that identifies you, unless you have agreed to it in Section 6. To see or correct what we hold, or to make a complaint, contact UniMinistry Foundation at ask@uniministry.com. If you are not satisfied with our response you may contact the Office of the Australian Information Commissioner on 1300 363 992 or at oaic.gov.au.

Section 8

Signatures

Resident — I have had this form explained to me. I understand what I am agreeing to, that it is my choice, and that I can change my mind at any time.

Signature **Print name** **Date**

Substitute decision-maker — only if the resident is unable to consent.

Signature **Print name and authority** **Date**

UniMinistry volunteer — I explained this form in plain language, answered questions, and gave the resident time to decide.

Signature **Print name** **Date**

Service, village or provider — acknowledges receipt of this form and has no objection to the visits proceeding.

☐ The resident has capacity to give this consent

☐ Consent has been given by the substitute decision-maker named in Section 2

Signature **Print name and position** **Date**

Copies: the person visited · the service or provider · UniMinistry Foundation coordinator.