Parent Information Sheet

Your child recently expressed interest in participating in the Diabetes Queensland Need For Feed cooking program that will be conducted at their school. Please find further information about the program below.

What is Need For Feed?
Need For Feed is a cooking and nutrition program for Queensland students in years 7 to 10. The program may have 15 to 20 students in it and is conducted outside of school hours using the school’s home economics room. The Need For Feed program aims to improve student’s confidence to prepare and cook healthy meals and improve attitudes and behaviours associated with healthy eating, all in a fun and interactive environment.

Where is it run and by who?
The program is run within the school by a facilitator (this may be a teacher, school health nurse or community nutritionist) with the help of an assistant.

When is it run and for how long?
The program is run outside of school hours. Your school will choose when they will commence the program, and the format it will be delivered in (after school, in school holidays or on Saturday mornings). The program has a total of 20 contact hours and depending on the format it is run in, will typically consist of 5-8 sessions.

How much does it cost?
Each student is asked to pay a $20 contribution fee to the school to cover some of the costs of the program. All other resources including ingredients & student manuals will be provided during each session.

Your child’s involvement
The privacy and safety of all participants is paramount at all times. Each participant must behave in a safe manner that complies with the School Curriculum Risk Management principles. Throughout the program, your child will be taught basic cooking and food preparation skills such as knife skills, safe handling of food, and a number of cooking methods. They will also be taught information on food and nutrition, and will have the opportunity to sample foods they may not have tried before.

Each school is encouraged to take photographs throughout the program. These images may be used in Diabetes Queensland resources, promotional material or on the website however no personal information or identifying information will be used in conjunction with these. Parental consent must be given prior to photos or film being taken of your child.

Your child will be asked to complete a short survey at the first and the last session of the program which will include questions on food intake, nutrition knowledge and attitudes and program satisfaction. A selection of schools will be followed up six months after the program has finished and requested to recomplete the survey. Your child’s participation in this evaluation is subject to your informed consent as indicated by signing the student consent form attached. You are free to withdraw your child from the project at any time by contacting the Project Officer at Diabetes Queensland and completing the withdrawal of consent form. Each student involved in the evaluation will be given a code to use for filling out these forms to ensure all responses are anonymous. The results of all the surveys will be combined and no student will be able to be individually identified. This evaluation will contribute to continuous quality improvement of the program and potentially contribute to support program recognition and future funding.

For further information please contact your school or Diabetes Queensland:
Phone: 3506 0948     Email: needforfeed@diabetesqld.org.au     Website: www.needforfeed.org.au

Privacy
Diabetes Queensland is collecting your information to process your child’s participation for the Need for Feed program. Your information may be disclosed to your child’s school for Diabetes Queensland’s provision of its services. For more information on how Diabetes Queensland handles your personal information a copy of our Privacy Policy is located at www.diabetesqld.org.au or to access or correct your information or to make a complaint regarding our handling of your personal information please contact the Diabetes Queensland Privacy Officer at Privacy Officer@diabetesqld.org.au or call 1300 136 588.

‘A joint Australian, State and Territory Government initiative under the National Partnership Agreement on Preventative Health’
Student Consent Form

I give consent for my child to participate in the diabetes Queensland Need For Feed cooking program. The particulars of the program including the program aims and costs, surveys and the use of Photographic images and films have been outlined to me in the Participant Information Sheet.

I ____________________________ (students name), understand that by signing this form I agree to take part in this program.

I ____________________________ (parent/guardian name), understand that as legal parent/guardian of my child under 18 years of age, give signed consent for my child to participate in the Need For Feed program and that:

- I have read and understood the contents of the ‘Participant Information Sheet’.
- I have completed the emergency contact details & any medical information or dietary considerations.
- I understand that all the information my child provides is completely confidential and anonymous.
- I understand that my child’s participation is voluntary can stop participating in the project at any time and for any reason.

I hereby agree for my child to participate in the Need for Feed program. □ YES  □ NO

I agree for my child to participate in the evaluation process. □ YES  □ NO

Student’s Signature: ____________________________ Parent/Guardian Signature: ____________________________

Date: ____________________________ Date: ____________________________

Student Details

School name: ____________________________
Name of student: ____________________________
Date of birth: ____________________________
Grade: ____________________________

Emergency Contact Details

Name: ____________________________
Relationship to child: ____________________________
Phone number: ____________________________
Email: ____________________________

Medical Information

Are there any medical conditions that may require attention during the program? E.g. asthma, diabetes, epilepsy, allergies. If yes, please specify.

________________________

Special Dietary Considerations  Mark with X

- □ Vegetarian
- □ Gluten Intolerant
- □ Allergy (please specify) ____________________________
- □ No Dairy
- □ Other (please specify) ____________________________

Permission to Photograph

We would like to take photos and videos of the participants of this program to use in our resources, in our promotional materials and on our website. No personal information or identifying information will be used with these images.

Do you give permission for photographs or film to be taken of your child? □ YES  □ NO

Signed: ____________________________ Date: ____________________________