

## EMBRACE YOUNG CARER ADVISORY COMMITTEE

### STATEMENT OF UNDERSTANDING

The goal of the Embrace Young Carer Advisory Committee is to bring together a group of Young Carers of persons living with addictions and/or mental health to form a Young Carer Advisory Committee to the Embrace Project. The Young Carer Advisory Committee will advise the Embrace Project on project deliverables in order to consider and recognize the Young Carer lens throughout the Embrace Project in its entirety. The Young Carer Advisory Committee will also host a venue to have discussions pertaining to the experiences of Young Carers, while fostering a supportive and skills building environment to benefit Young Carer development.

#### Consent for participation in Embrace Young Carer Advisory Committee – Embrace Project

It is understood that if you were provided this form, that you are of age to make your own decision in relation to consenting to participate in the activities and discussions related to the Embrace Young Carer Advisory Committee, for which the goal is outlines above.

If you are under the age of 18; the Embrace Project and the Embrace Young Carers **encourages you to inform your parent or guardian and obtain consent** for your participation on the Embrace Young Carer Advisory Committee; if appropriate to your personal circumstances. It is also encouraged to provide your parent or guardian with the *“Great Opportunity for Young Carers!”* card outlining the activities, benefits, and definition of a Young Carer of a person with mental health and/or addiction challenges.

☐ I understand that I may choose to not inform my parent or guardian about my involvement in this project committee and understand that I can participate without parental consent.

#### Confidentiality

I understand that any individual opinions and/or experiences that are expressed during the course of discussions of the committee will remain confidential, and members will not be required to discuss health information regarding identifiable individuals such as family or friends.

I understand that my name and some personal information (i.e. postal code, phone number, career goals, etc.) can be collected and filed securely on a Young Carer Advisory Committee spreadsheet located in the Cornwall Community Hospital electronic server. This information is collected solely for project tracking and record keeping purposes. The information collected will not be used for any additional purpose, without my consent.

☐ I have been made aware of the potential benefits of my participation and the honorarium system (See *“Great Opportunity for Young Carers!”* card).

#### Young Carer Advisory Committee Member

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Name

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Signature

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Date

#### Parent or Guardian (optional)

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Name

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Signature

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Date