

CONSENT FORM

RESIDENT / CLIENT

Surname: _____

Given Names: _____ D.O.B.: _____

I consent to this organisation collecting personal / sensitive information about me / the person. I understand that the purpose of the collection of this information is to provide services to me / the person. I understand the organisation will use the information for purposes related to their services and may disclose the information to others such as specialist medical practitioners or organisation's which require the information to provide services directly related to the service being provided and I have no objection to this.

I do not wish the following people/organisation to have information disclosed to them:

.....

I consent to information about me / the person being used for a secondary purpose YES / NO
 (Secondary purpose – refer to the attached Privacy Policy Summary)

I consent to information about the organisations services/products/fund raising YES / NO
 activities and newsletters etc being sent to me / the person.

I have signed this consent after:

- I have received a copy of the Privacy Policy Summary;
- I have taken the opportunity to contact the Privacy Officer and receive answers to any questions I have regarding the organisation's Privacy Policy.

Note – The consent given on this form relates ONLY to the use and disclosure of personal information and applies to no other purposes.

Signature of Resident / Client	OR	Signature of the Resident / Client's Representative
.....	
Print Name:		Print Name:
Date: / /		Relationship to Resident / Client:
		Date: / /