

CONSENT FORM

Part A. NDIS Participant details

| | | |
|----------------------------|-----------------|-----------|
| Participant Full Name: | NDIS Number: | |
| Date of Birth (DD/MM/YYYY) | Contact Number: | |
| Contact Email: | | |
| Address: | | |
| Town: | State: | Postcode: |

Please use this form to give permission (consent) for SWCT/ATA to share your NDIS information with a person or organisation who you choose.

You can give your consent to share information with a family member, plan nominee, support coordinator, a child representative or legally appointed decision maker. You can take away your consent at any time.

You can let us know by email, in person or over the phone if you no longer consent to us sharing your information.

Part B. Child representative, plan nominee, legally appointed decision maker details

Please provide your details in this section if you are completing this form on behalf of the participant:

- Under 18 years for whom you are a child representative, or
- For whom you are a plan nominee, or
- For whom you are a legally appointed decision maker (for example, a support coordinator or guardian).

| | |
|--|--|
| Full Name | |
| Date of Birth | |
| Contact Phone Number | |
| Contact Email | |
| Relationship to participant e.g. child representative, plan nominee, support coordinator, legally appointed decision maker | |

Part C. Provide consent

Please complete the details of who you want to share your information with.

If there are more people or organisations you want to give consent to, you can include them as a list when sending this form back to us.

I consent to SWCT/ATA giving information about me or gaining information about me to/from the following people and/or organisations (or the participant I am representing who is identified in Part A of this form), to the following people and/or organisations.

Person/organisation

Please mark the correct box and complete the details below.

Person

Organisation

| | |
|-----------------------------------|--|
| Name | |
| Position Title (If applicable) | |
| Organisation Name (if applicable) | |
| Phone | |
| Email | |
| Address | |
| Relationship to participant | |

We will share **all your information** with the person or organisation you have chosen, unless you let us know what you **don't want us to share**.

Information you don't want to share.

If any, please choose the information you don't want to share.

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email, and phone number
- Details about my service providers
- My NDIS Plan, including my funding.
- My current NDIS goals and aspirations
- Any other information
- If so, please tell us what this information is below:

We need to know you understand how the information we share will be used by the other person or organisation.

Please tell us why you want to share your information below:

If there are more people or organisations you want to give consent to, you can include them as a list when sending this form back to us.

Part D. Third Party Consent.

Please complete the details of the person/organisations you want to give consent to act on your behalf below.

I consent to the below persons/organisations to act on my behalf:

Person/organisation

Please mark the correct box and complete the details below.

Person

Organisation

| | |
|-----------------------------------|--|
| Name | |
| Position Title (If applicable) | |
| Organisation Name (if applicable) | |
| Phone | |
| Email | |
| Address | |
| Relationship to participant | |

What would you like the above person/organisation to do on your behalf?

Please mark the boxes that apply to you.

- To complete Intake documents
- To make a complaint for you to SWCT or to the NDIA
- To discuss a debt
- To discuss a quote
- To discuss my NDIS Plan's funding
- To discuss my goals and aspirations

How long are you providing consent for?

- Until further notice
- Until a set date (DD/MM/YYYY)
- One time only.

Your declaration

This part needs to be signed by whoever completed this form.

- I confirm the information provided in this form is true and correct.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|