



Consent Form

Consent to Share Your Information

ESG Inclusive Homes will work closely with third parties to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

- We are obliged by law to disclose your information regardless of consent or otherwise
- It is unreasonable or impracticable to gain consent or consent has been refused; and/or
- The disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

Please complete and sign this form to give ESG Inclusive Homes permission to share your information on your behalf. The information we will share will depend on the permission you give us on this form. For example, you can agree to us sharing information to a third party about:

- Your plan and/or funded supports
- Your medical reports held by us
- Your NDIS plan being developed
- Requests asking us to review a planning decision we have made.

You do not have to give your permission if you do not want to share your information. If you give us permission and then decide that you don't want us to share your information anymore, you can withdraw your consent by contacting us. You can do this in writing or verbally.

We will not share your personal information to anyone unless you have given your permission, or the disclosure of your information is required or authorised by law.

Please note that if you do not give permission for all your information or certain information to be shared by ESG Inclusive Homes to third parties, it may impact on ESG Inclusive Homes ability to secure support and/or services.

Part A: Participant Details

Date:	NDIS Participant Number:
Given Name/s:	Surname:
Preferred Contact Number:	Email Address:

Part B: Legal Guardian and/or Nominated Representative Details (Please provide your details in this section if you are completing this form on behalf of a participant)

Given Name/s:	Surname:
Date of Birth:	Relationship to the Participant:
Preferred Contact Number:	Email Address:

Part C: Consent to Collect Personal Information

I consent to ESG Inclusive Homes collecting my personal information.

- Yes
 No

I consent to ESG Inclusive Homes sharing the following information about me to third parties for the purpose of organising support/s:

My Personal Information

- My name, date of birth, NDIS participant number and NDIS participant status
 My address, email, and phone number
 Details about my Carers
 Details about my Informal supports
 Details about my Service providers

My NDIS Information

- All assessments, reports and information held about me by ESG Inclusive Homes
 My NDIS Contract
 My NDIS Access Request Form
 A copy of all parts of my current NDIS Plan
 A copy of all parts of my previous NDIS Plan/s
 A copy of my current NDIS Plan's goals and aspirations
 A copy of my previous NDIS Plan/s goals and aspirations
 A copy of my current NDIS Plan's funding and support
 A copy of my previous NDIS Plan/s funding and support
 Other - Please specify

I consent that captured audio/visual content may be used in:

Educational materials (e.g., handouts, presentations)

Marketing and communications (e.g., brochures, reports, newsletters, website, social media)

External media (e.g., News, TV, Radio)

- Yes
 No

Part D: Period of Consent

Please mark the relevant box below to indicate the length of time you are providing the consent for:

- Ongoing
 For the duration of my current NDIS plan
 For a set time ending [DD/MM/YYYY]
 Once only

Part E: Participant Declaration

By signing this consent form I have been advised of the following (please mark each box below):

- I understand I can withdraw or change my consent to share my information at any time.
- I understand I can withdraw or change my consent for a third party to act on my behalf at any time.
- ESG Inclusive Homes Privacy and Confidentiality Policy and Procedure
- My right to access my personal information.
- I understand and agree to my personal information being collected, and the reasons why, including recorded material in audio and/or visual format.
- I understand my information may be used in promotional marketing content
- I understand that only relevant information about me may be forwarded to the third parties.
- I understand that ESG Inclusive Homes must comply with relevant privacy laws.
- I will contact ESG Inclusive Homes immediately if I feel that relevant privacy laws have been breached.
- I understand parties listed in Part C of this form can make decisions about sharing my information.

Participant Full Name:

Participant Signature:

Date:

Advocate Full Name:

Advocate Signature:

Date:

Part F: Participant Verbal Consent (If Applicable)

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the participant or authorised persons/s and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

Full Name:

Organisation:

Position:

Participant Signature:

Date:

Part G: Legal Guardian and/or Appointed Representative Declaration

By signing this consent form I have been advised of the following (please mark each box below):

- I understand I have been nominated to make decisions about sharing information on behalf of the participant.
- I understand I can withdraw or change my consent to share all information at any time.
- I understand I can withdraw or change my consent for a third party to act on the participant's behalf at any time.
- ESG Inclusive Homes Privacy and Confidentiality Policy and Procedure
- My right to access the participant's personal information.

- I understand and agree to personal information being collected, and the reasons why, including recorded material in audio and/or visual format.
- I understand that only relevant information about the participant may be forwarded to the third parties.
- I understand that ESG Inclusive Homes must comply with relevant privacy laws.
- I will contact ESG Inclusive Homes immediately if I feel that relevant privacy laws have been breached.
- My worker has discussed with me why certain information may need to be provided to other service providers.

Full Name:	Relationship to Client:
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Signature:	Date:
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Advocate Full Name:

Advocate Signature:	Date:
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Part H: Witness Certification

By signing this consent form I confirm the following (please mark each box below):

- I certify this document was signed by the delegate in the presence of the person providing consent
- I certify that consent was provided freely and voluntarily; and
- I certify that the person providing consent has decision making capacity in relation to the provision of consent provided.

Full Name:	Relationship to Client:
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Contact Number:	Email Address
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Signature:	Date:
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