



Change/Withdrawal of Consent

This form is to be completed when the person who is giving consent for the collection, exchange and/or storage of their personal information wishes to withhold some parts of their personal information and / or the personal information of their child/ren or withdraw consent for service.

Parent(s)/Carer(s) Withdrawal of Consent

I/We,.....[*print name(s)*]
withdraw consent on behalf of my/our child/ren..... [*print name(s)*] to
the following services:

☐ 15_054_018_1_3: Individual Assessment, Therapy And/Or Training (Includes Assistive Technology)

☐ 15_001_0118_1_3: Capacity Building Supports for Early Childhood

Parent(s)/Carer(s) Change of Consent

I/We,.....[*print name(s)*]
withdraw my/our consent and/or withdraw consent on behalf of my/our
child/ren.....[*print name(s)*] to the
following information about me / my children being collected, exchanged and / or
stored for the purpose of and with the agencies listed below.

Type of Personal Information	Purpose for which information was used	Name of Agency

Please note that withdrawal of consent will be effective 7 days from being received.
While new personal information relating to a parent or child/ren will not be collected,



exchanged or stored, personal information collected prior to the withdrawal of consent will be retained.

To be completed by Sprout Psychology Centre Staff

DATE RECEIVED / /

Received By[*print name*] of Sprout Psychology Centre

Signature



Verbal withdrawal of consent [*to be completed by Sprout Psychology Centre staff*]

I,[*Name of Employee*] of Sprout Psychology Centre obtained verbal instruction of withdrawal of consent from[*print parent name/s*] and [if applicable] verbal instruction of withdrawal of consent on behalf of her/his child/ren.....[*print name(s)*] to the following information being collected exchanged and/or stored for the purpose of and with the agencies listed below.

Type of Personal Information	Purpose for which information was used	Name of Agency

Signature of Sprout Psychology Centre staff

.....**Date**...../...../.....

Position.....