|  |  |
| --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_your name)  give permission for Christine Stammers to contact the below organisation | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian or Nominee to  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NDIS Participant)  give permission for Christine Stammers to contact the below organisation  (**Name of Organisation/s)** | |
| **For the purpose of:** | |
| I also give permission for the contact details as per below to be given to the above organisation | |
| NDIS Nominee |  |
| Person who acts on my behalf signature |  |
| Christine Stammers signature |  |
| **DATE** |  |

|  |  |  |
| --- | --- | --- |
| Record of form development | | |
| Version | Date approved | Date for review |
| Version 1.1 2019  Version 1.2 2019 | January 2019  October 2019 | January 2021  October 2021 |