|  |
| --- |
| 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** |    |

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