

**Participant Consent Form**

*Note: This form can be completed electronically or by hand and should be used in conjunction with the Coast Transitional Support ‘Decision making and consent policy’.*

We collect information about you for the primary purpose of providing quality supports and services to you. We need to collect some personal information from you to ensure our services meet your needs. If you do not provide this information, we may be unable to fully provide these services. This information will also be used for:

* Administrative purposes for running our service
* Billing you directly, through the NDIS, or other agency if required
* Use within our service to ensure you are provided with quality supports and services
* Disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed.
* Disclosure of information to health professionals to ensure high quality health care for you if needed
* Disclosure to other providers, with your consent, in order to provide appropriate services.

We do not disclose your information outside of Australia.

We have a private policy that is available on request. The policy provides guidelines on the collection, use, disclosure and security of your information.

To ensure the process of quality supports and services, information about you may be given to other service providers who also provide you with services.

I, (participant name) Full name of the participant

* Have read the above information and understand the reasons for collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure
* Understand that this consent is valid for the time specified
* Understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of the supports and services I receive
* Am aware that I can access my personal information and documentation on request and if necessary, correct any information I believe to be inaccurate
* Understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me
* Have been provided with or given an opportunity to obtain a copy of the privacy policy

I consent to provide my personal information to

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| --- | --- | --- |
| Agency/Service Name | Person/Key Contact | Contact details |
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This consent will be valid for \_\_\_\_\_month(s) from the date of my signature below (12 months max)

I agree to appear in images and video to be used for promotional purposes (note that I can change my mind at any time)

I consent for my personal information to be shared with:

Participant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal guardian signature if required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coast Transitional Support

**Personal information collection statement**

You may contact us by email, mail or phone using the details provided at the bottom of this page.

Our privacy policy (available on request) contains information on how you may request access to, and corrections of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

We need to collect information about you for the primary purpose of providing quality supports and services. In order to fully provide these services, we need to collect some personal information from you. This information will also be used for the administrative purposes of running Coast Transitional Support such as billing you or through the NDIS. Information will be used within the service for planning and managing your plans and supports.

We may disclose information regarding you to other service providers or health professionals only with your consent. We will not disclose your information to commercial companies, however specific service or product information as deemed suitable for your management, may be forwarded to you by us, unless you instruct us not to forward this type of information. Your written consent will be obtained at the start of any new planned activities. We do not disclose your personal information outside of Australia.

File information is stored securely and access only by our workers. We take all reasonable steps to ensure that information collected about you is accurate, complete and up-to-date. You may have access to your information on request and if you believe that any of the information is inaccurate we may amend it accordingly. If you do not provide relevant personal information, in part or in full, this may result in the provision of incomplete supports or services which may impact on your plans and goals. Any concerns you may have about this statement or the information we store about you can be directed to the contact listed below.

**Anna Keating**

**Coast Transitional Support**

**20 Paringa Avenue**

**Davistown NSW 2251**

**Phone: 0412 223789**

**Email: Anna.Keating@coasttransitionalsupport.com**