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**What is a consent form?**

Your informed consent for sharing information will be sought and respected in all situations. You can tell us how you want us to use your information.

 Write your name



* I understand that Nurturing Hands Allied Health P/L will collect, store, and use the information collected to provide services to me.



* I understand that Nurturing Hands Allied Health P/L must comply with relevant privacy laws, and I will contact the organisation if I feel this law has been breached.

 Please circle no or yes.



**No**, I do **not** want you to use any information about me. You have finished this form.

**Yes**, you can use information about me for

Purposes authorized by me.

# How long can we use your information?

 \_\_\_\_\_\_ years

# What can we use your information (photo, audio and video) for?

Make a mark next to Posters Brochures Fact sheets Newsletters Magazines Journals Books

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Scope’s website Conferences/presentations Training

Social media. For example, Facebook, Twitter

If you want us to stop your information, you can tell us.

 Write your address  Email  Phone 

Sign your name

 Date

## You can get someone to sign the form for you.

 Sign your name

Date

**What happens with this form?** We will keep this form private. We will keep this in a safe place.

You have completed this form.

Thank you.