

Personal Details Consent Form

This form is to be completed by a person with a disability requesting support services or a representative or guardian acting on their behalf.

Before completing this form, please read the following information:

The Department of Communities, Child Safety and Disability Services collects personal information for the provision of disability support services.

Your personal information (which may include that of a representative or guardian acting on your behalf), held by the Department of Communities, Child Safety and Disability Services may be used or disclosed to non-government disability service providers, health service providers or to Commonwealth, Queensland or other State government departments and agencies for the provision of disability services.

Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

I have read and understand the information above

Do not complete this form until you have read the information above, and then tick the box indicating you have done so. ✓

Please tick all relevant box(s). ✓ Not ticking a box indicates you do not give consent or do not understand the associated statement.

You should sign and date the completed form, stating your name and relationship to the person with a disability if you are completing the form on their behalf.

Details of person with a disability

Name Initial Surname Date of birth

I understand and give consent for Disability Services to provide my personal information to other relevant persons or organisations for the provision of available disability services.

I give consent for other relevant persons or organisations to provide my personal information to Disability Services for the provision of available disability services.

Signature of person completing the form Date

Only complete this section if you are completing the form on behalf of a person with a disability

Name Initial Surname Relationship to the person with a disability
eg. Mother, Father, Carer, Friend

I have been nominated to complete this for on behalf of the person with a disability

Witnessed by

Name Initial Surname Position

Signature of Witness Date

Please note: The consent provided in this form is valid until withdrawn. It may be withdrawn at any time by notice in writing from the consenting person to the Department of Communities, Child Safety and Disability Services.