## Client Consent Form

**Client consent for use and disclosure of personal information**

The personal information you are asked to provide, as listed in the Client Consent Information, is collected to determine your eligibility to receive services, the kind of assistance you are entitled to and the level of funding the service provider receives for providing you with services.

This service provider is required to disclose some or all of this information to KAREN WELFARE ASSOCIATION OF WA INC and/or to another organisation, where applicable, as directed by KAREN WELFARE ASSOCIATION OF WA INC. KAREN WELFARE ASSOCIATION OF WA INC may also disclose your personal information to another service provider if you commence working with another employer. Disclosure to other government departments, government authorities and researchers may also occur for the purpose of ensuring that you are provided with good quality services and assistance.

I (Clinet Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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give consent for the service provider to use my personal information for the purposes listed on the Client Consent Information and this Consent Form.

I give consent for the service provider to disclose some or all of my personal information to KAREN WELFARE ASSOCIATION OF WA INC for the purposes listed on the Client Consent Information and this Consent Form.

I give consent to the service provider to disclose my personal information to another service provider if I commence working with that service provider.

I also give consent for KAREN WELFARE ASSOCIATION OF WA INC to further disclose some or all of my personal information to other government departments, government authorities and researchers, for the purpose of ensuring that I am provided with good quality services and assistance.

Client’s signature

(or independent advocate’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / /

signature)

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| --- |
| Client Consent Information |
| **The client needs to read this Information, or have the contents explained to him / her, before signing the Client Consent on the next page.** |

## What information is collected?

The information listed below is collected from you by your service provider. By signing this form you are saying it is OK for your service provider to give this information to KAREN WELFARE ASSOCIATION OF WA INC.

* Your first name, middle name and family name
* Your date of birth and sex
* Your residential address and your residential setting and living arrangements
* If you are an Australian citizen or permanent resident
* Your country of birth, what language you use at home, how you communicate and if you require an interpreter
* The type of disability you have and the support you need both at work and in other life areas.
* Your Centrelink Customer Reference Number

You can ask your service provider to give you a written copy of the information that they have shared with KAREN WELFARE ASSOCIATION OF WA INC.

## Protection of information

Your service provider is obliged to observe strict privacy rules called Information Privacy Principles (IPPs), which are contained in the *Privacy Act 1988*. This means that they must:

* Tell you why they need to collect your information (i.e. to provide you with support in your work)
* Tell you what they will do with your information and who they will give it to (e.g. KAREN WELFAE ASSOCIATION OF WA INC)
* Store the information securely
* Only use the information for the purposes they obtained it, and
* Only disclose your information on to third parties when the law allows, when you have consented or when you have been advised of the other parties to whom your information may be given.

The information that is forwarded to KAREN WELFARE ASSOCIATION OF WA INC is stored in a secure manner and only a limited number of KAREN WELFARE ASSOCIATION OF WA INC staff have access to your personal information.

**The client may keep this Information for future reference.**