**CONSENT TO STORE and SHARE INFORMATION FORM**

**PART A**

I, ……………………………………………………………………………..………, (full name) of

…………………………………………………………………………………………. (address),

authorise St George Community Transport (STGCT) to exchange relevant and access necessary information for the purpose of:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1. | Contacting previous or current Service Providers, Support Coordinators, Plan Managers, Case Managers or Support Workers |  |  |
| 2. | Liaising with government departments including the National Disability Insurance Agency for reasons directly related to the provision of appropriate support |  |  |
| 3.  4. | Liaising with staff at STGCT, family members, carers, guardians, advocates or others who are supporting your planning processes  Provision of de-identified data for statistical and funding purposes to Government funding bodies. | |  |  | | --- | --- | |  |  | |  |
| 5. | Accessing personal records for the purposes of Departmental / Internal and External Auditing and reporting processes. |  |  |

I understand that these records are to be kept private and confidential and stored in a secure system with limited and authorised access.

*NB: Information will only be shared without consent if there is a serious threat to the health or safety of person(s), to report illegal activity or is required under the law.*

Participant Signature: ………………………………………. Date: ……………..……..…..

**If the Participant is not able to sign the consent form the Next of Kin / Carer / Guardian / Advocate may provide consent.**

Name: ……………………………………………….............. Relationship: ……………………..

Signature: ……………………………………………………. Date: …………………...……

**This form will be updated as required. If your circumstances change and you wish to change the details relating to this authority it will be your responsibility to notify STGCT of these changes by completing a new form.**

**The Manager will confirm whether this authority remains current at the follow up meetings.**

Checked and Signed

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RELEASE AUTHORITY**

**PART B**

St George Community Transport (STGCT) may from time to time wish to quote you and/or use your photograph in printed and/or electronic promotional material which will be available for viewing by the public and hereby seeks your authority to do so.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorise STGCT to use my:

(full name)

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Image |  |  |
| Name |  |  |
| Voice |  |  |
| Likeness |  |  |

for use in the STGCT’s *(Please select all that apply)*

Promotional Material (including brochures, e-Newsletter and Newsletters)

Annual General Report

Social Media (Facebook, twitter etc.)

Website

Newspapers

Video-based marketing materials

Other STGCT publications

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Signature: |  | Date: |  |

***If the Participant is not able to sign the media release authority the Next of Kin / Carer / Guardian / Advocate may sign.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Relationship to Participant: | |  |
| Signature: |  | Date: |  | |

**Please advise St George Community Transport if you wish to change your consent preferences by contacting the office by telephone on 02 9585 3000 or emailing** [**reception@stgct.org.au**](mailto:reception@stgct.org.au)**. We will provide you with a new form to complete.**

**The Manager will confirm whether this Media Release Authority remains current at the follow up Meetings.**

I have explained to the Participant, and I believe it is understood that:

* STGCT may be required, from time to time, to pass some or all of his / her personal information to the Australian Government, or to another organisation as directed by the Commonwealth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  |