



NDIS – CONSENT TO STORE and SHARE INFORMATION FORM PART A of PART B

I,, 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 Care Workers | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clarification of Reports | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Liaison with Department of Social Services, National Disability Insurance Agency and other service providers for reasons directly related to the provision of appropriate support. This may require STGCT, Department of Social Services of National Disability Insurance Agency to pass some or all of your personal information to a relevant Organisation or Government Department. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Liaison with authorised staff, family members, carers, guardians, advocates or others who are supporting your plan processes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Accessing personal records for the purposes of Departmental / Internal Auditing and reporting processes. | <input type="checkbox"/> | <input type="checkbox"/> |

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

Participant Signature: Date:

Next of Kin / Carer / Guardian / Advocate

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 Support Plan meetings.

Checked and Signed

Signature: _____ Date: _____

Signature: _____ Date: _____

NDIS – MEDIA RELEASE AUTHORITY PART B

I,.....authorise St George Community Transport (STGCT) to use my image, name, voice or comment as per the table below:

(Please tick the box where permission is granted)

	First Name	Full Name	Photo	Video	Spoken voice	Comments, quotes
Noticeboard						
Promotional material						
Social Media						
Website						
Personal File						
Social Newsletter						
Newspaper						

Other comments _____

Participant Signature: Date:

Next of Kin / Carer / Guardian / Advocate

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 029585 3000 or emailing 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 Support Plan 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: