

## STGCT- 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, Case Managers or Support Workers.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Liaising with government departments for reasons directly related to the provision of services and support.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Liaising with STGCT staff, family members, carers, guardians, advocates or others who are supporting you to remain living independently in your own home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Provision of de-identified data for statistical and funding purposes to Government funding bodies.  | <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.

*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.*

Consumer Signature: .....

Date: .....

**If the Consumer 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.**

## STGCT – 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	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>
Likeness	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Name:		Relationship to Consumer:	
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](mailto:reception@stgct.org.au). We will provide you with a new form to complete.**

<u>Checked and Signed</u>	
Signature: _____	Date: _____