

Consent to Exchange Information between a Real Estate Agent/ Social Housing Provider and Support Workers

This form is to give permission for support agencies to share information to help you as best possible.

Personal Details	
Given Names:	Surname:
DOB:	Country of Birth:
Sex: M F Non-specific	Australian Defence Force Y or N
Aboriginal Torres Strait Islander	Both Neither
Culturally and Linguistically Diverse	Y or N
Phone:	E-mail:
Address:	
Brief outline of why assistance is required	
<p>Example rental arrears, property up keep etc.</p>	
Additional Information	
<p>This may include dependant children, a need for an interpreter.</p>	

Privacy Notice

This privacy notice applies to Wollongong Emergency Family Housing (WEFH) and all projects under this entity. WEFH and its projects comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by WEFH or the project that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within WEFH as a whole to plan, coordinate and improve the way we provide services. WEFH is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found by calling: 02 4228 0955.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service.

Authorisation

- I have read and understand the above notice.
- I give permission for medical details affecting my need for housing to be released to the above named social housing provider and, if necessary, for my doctor/health care professional to discuss these details on my behalf with the social housing provider.

I confirm that the following information has been explained to me

- My consent lasts for 2 years after the date that I sign this form or when I no longer need assistance from social housing, unless there is a current legal order in place.
- I can change my mind and stop my consent at any time, unless there is a current legal order in place.
- If I feel that some of my information is sensitive or could impact on my safety, I can let the person providing me with this form know.
- If I do not sign this form I will still receive the services I currently get. But, by not giving my consent, other agencies may not be able to get a full understanding of my needs and circumstances.
- I understand that this authority may also be revoked at any time, in writing, by the third party or by an entity with the legal authority to do so.

Client verbal consent to the exchange of information between the agencies

Do you give your verbal consent Yes (Give details) No (Please sign consent below)

Verbal consent was taken in the presence of:

Full name of witness _____

Signature of witness _____

Client written consent to the exchange information between the agencies or advocates listed on this form.

Full name of witness _____

Signature of witness _____

Date _____

If you are signing on behalf of another person as their legally appointed guardian such as the NSW Trustee and Guardian or private enduring guardian, write your name here.

Full name _____

Signature _____

Office use only

Services currently received or requested from support worker;