Targeted Early Intervention Support - Gilgandra Youth Services

Consent to Disclose Personal Information

(Client name)	(D.O.B)				
Consent to					
(Name of person or organisation)					
Being provided with my information by Gilgandra Youth Services.					
•	ng myself to Gilgandra Youth Services for the purpose				
This consent is effective while the above my consent	purpose remains to be completed, or until I withdraw				
This consent include disclosing pe	ve information", as defined by the Privacy Act (1998). ersonal information relating to my children under my or me to authorize disclosure of their information. Illowing specific information:				
I understand that Gilgandra Youth Service extent necessary to achieve the above positions.	es will only disclose my personal information to the urpose.				
Mand	datory Reporting				
_	e staff as mandatory reporters and are required by law d Justice any information or situation disclosed which neglect.				
Client name:					
Client / Carer / Guardian Signature: Date:					
Witness Name:					
(Of Gilgandra Your	th Services)				
Witness Signature:					

Responsible Officer	Director Com	Director Community Services				
Date Created:	December 20	December 2019		1.0		
Review Date	Version	Commen	Comments			
07/09/2021	1.2					

OFFICE USE ONLY					
Details accepted and understood: Signed:					
Entered in Redicase? Y / N Date:					
Sent to records: Signed:	_ Date:				