TQN.Care
REGISTERED NDIS PROVIDER · SYDNEY & NSW

NDIS TEMPLATE · CONSENT

Consent Form

Record a participant's informed consent for specified purposes, including who their information may be shared with.

Prepared for: _____ Date: _____

1 Participant details

Full name

Date of birth

NDIS participant number

Phone

Address

2 Person giving consent (if not the participant)

Full name

Relationship to participant

Authority to act (e.g. nominee, guardian, parent)

3 I give consent for

- ☐ TQN.Care to collect and store my personal information
- ☐ TQN.Care to contact me about my supports
- ☐ Sharing my information with the providers named below
- ☐ Sharing my information with my plan manager / support coordinator
- ☐ Use of photos or media for the purpose stated below
- ☐ Other (please describe below)

4 Details of sharing / other purpose

Information may be shared with

Purpose

Describe any 'other' purpose, or specific limits on this consent.

5 Validity

Consent valid from

Consent valid until

> You can withdraw your consent at any time by telling us in writing. Withdrawing consent does not affect any sharing that already took place while consent was in place.

6 Signatures

PARTICIPANT / REPRESENTATIVE

Full name

Signature

Date

WITNESS (OPTIONAL)

Full name

Signature

Date