

Tasmania Project – Privacy Notice and Consent Form

The Australian Government has entered into an Agreement with Australian and New Zealand College of Anaesthetists (“**ANZCA**”) to make available financial support for relevant positions under the *Specialist Training Program: Training more Specialist Doctors in Tasmania* (**‘the Tasmanian Project’**). ANZCA has entered into an Agreement with your hospital to administer and provide salary support for each full time equivalent position under the Tasmania Project. As part of the requirement of the Tasmania Project, you will be asked to provide certain details about yourself. Some of these details will constitute ‘personal information’ for the purposes of the *Privacy Act 1988* (Cth) (“**Privacy Act**”) which means that personal information about you must be dealt with by ANZCA and your hospital in a manner which respects your privacy.

The personal information ANZCA and your hospital will ask you for may include the following items:

- Your name
- Your Medicare Provider Number (if applicable)
- Your specialty and sub-specialty
- The year of the relevant college training program you are undertaking
- The name of the facility and suburb, region and State or Territory of your training position
- The dates you started and ended in the training position.
- Your email and postal address
- Completion of an online survey

ANZCA and your hospital are required by the Privacy Act to take reasonable steps to ensure you are aware of certain details including the purposes for which your personal information is collected and the Participants to which it may be disclosed.

As part of the Tasmania Project requirements, it will be necessary for ANZCA and your hospital to disclose information about your position to the Department of Health and Ageing (“**Department**”) and to the Minister for Health and Ageing (“**Minister**”). The reason for the disclosure is that the Department and the Minister need to monitor and report on the Tasmania Project and will use the information for this purpose. The consent authorisation relating to this disclosure of information is at Part A of the attached Consent Form. As funding under the Tasmania Project is contingent on reporting requirements being met, your agreement to the level of disclosure specified in Part A of the Consent Form is necessary if you wish to participate in the Tasmania Project.

The Department and Medicare Australia may also exchange personal information about you for the purposes of administering, monitoring, reviewing and evaluating the Tasmania Project. This may include Medicare Billing information in relation to the position. The consent authorisation relating to this information is at Part B of the attached Consent Form. If you do not agree to the disclosure information under Part B of the Consent Form you will not be precluded from participating in the Tasmania Project.

TRAINEE CONSENT FORM

PART A

I, (insert name), participating in the *Specialist Training Program: Training more Specialist Doctors in Tasmania* (**“the Tasmanian Project”**), consent to the Department of Health and Ageing (**“the Department”**) and the Minister for Health and Ageing collecting and using information about my placement in the Tasmania Project position for the purposes of monitoring and reporting on the Tasmania Project.

I, (insert name) also agree to complete the online survey required by ANZCA for the purpose of evaluation. All responses will remain strictly confidential.

[Signature]

[Date]

PART B

I, (insert name), participating in the Tasmania Project consent to the following:

- (i) the Department disclosing personal information about me to Medicare Australia for the purposes of administering, monitoring, reviewing and evaluating the Tasmania Project; and
- (ii) Medicare Australia disclosing personal information about me to the Department for the purposes of administering, monitoring, reviewing and evaluating the Tasmania Project. This may include Medicare Billing information in relation to the position.

I understand that my personal information will not be used for any other purpose or disclosed to any other body or Participant without my prior consent.

[Signature]

[Date]

Trainee email address:

TMSDT Position Location: