

## Client Consent Information

---

The client needs to read this Information, or have the contents explained to him / her, before signing the Client Consent on the next page.

---

### Why information is collected?

Information about you is collected to make sure that the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is able to give you the service you need. FaHCSIA gives service providers money to help people with a disability. The more FaHCSIA can learn about what your service provider does, and what it is you need, the better chance there is that you will get the right type of help.

Where your information is disclosed by FaHCSIA or your employer to the National Disability Insurance Scheme Launch Transition Agency (NLTA), the NLTA will use your information to assist to obtain the services and/or payments that you may receive under the National Disability Insurance Scheme (NDIS).

### What information is collected?

The information listed below is collected from you by your service provider. By signing this form you are saying it is OK for your service provider to give this information to FaHCSIA.

- The start and, if relevant, the end date of your employment
- Your first name, middle name and family name
- Your date of birth and sex
- Your residential address and your residential setting and living arrangements
- If you are of indigenous origins
- If you are an Australian citizen or permanent resident
- Your country of birth, what language you use at home, how you communicate and if you require an interpreter
- The type of disability you have and the support you need both at work and in other life areas.
- Your Centrelink Customer Reference Number
- Information collected in the Disability Maintenance Instrument (DMI) (This information helps to determine how much funding your employer gets to help you).
- If you have agreed to develop an Employment Assistance Plan with the service provider
- Your Weekly Wages and Weekly Hours
- The reason why you have left your employment (if relevant).

You can ask your service provider to give you a written copy of the information that they have shared with FaHCSIA.

### Protection of information

Your service provider is obliged to observe strict privacy rules called Information Privacy Principles (IPPs), which are contained in the *Privacy Act 1988*. This means that they must:

- Tell you why they need to collect your information (i.e. to provide you with support in your work)
- Tell you what they will do with your information and who they will give it to (e.g. FaHCSIA)
- Store the information securely
- Only use the information for the purposes they obtained it, and
- Only disclose your information on to third parties when the law allows, when you have consented or when you have been advised of the other parties to whom your information may be given.

The information that is forwarded to FaHCSIA is stored in a secure manner and only a limited number of FaHCSIA staff have access to your personal information.

If you become a NDIS participant, FaHCSIA or your employer may disclose your personal information to the NLTA to enable the NLTA to give you the services and/or payments you need.

FaHCSIA sometimes provides information about people who are accessing Australian Government funded services to other government departments, government authorities and researchers, as well as the NLTA if you are a NDIS participant. This is to assist FaHCSIA in accessing the resources and information that it requires to ensure that you receive good quality services and assistance.

The other government departments and researchers who are given access to your details must also observe the IPPs when handling the information. The Australian Privacy Commissioner can investigate allegations of improper collection, use and disclosure of personal information by government departments.

**The client may keep this Information for future reference.**

## Client Consent Form

---

### Client consent for use and disclosure of personal information

The personal information you are asked to provide, as listed in the Client Consent Information, is collected to determine your eligibility to receive services, the kind of assistance you are entitled to and the level of funding the service provider receives for providing you with services.

This service provider is required to disclose some or all of this information to FaHCSIA and/or to another organisation, or the National Disability Insurance Scheme Launch Transition Agency (NLTA), where applicable, as directed by FaHCSIA. FaHCSIA may also disclose your personal information to another service provider if you commence working with another employer. Disclosure to other government departments, government authorities and researchers may also occur for the purpose of ensuring that you are provided with good quality services and assistance. If you are a participant in the NDIS, your personal information may be used by the NLTA to assist it to give you the services and/or payments that you need.

I (name of job seeker) \_\_\_\_\_

of (address) \_\_\_\_\_

\_\_\_\_\_

give consent for the service provider to use my personal information for the purposes listed on the Client Consent Information and this Consent Form.

I give consent for the service provider to disclose some or all of my personal information to FaHCSIA for the purposes listed on the Client Consent Information and this Consent Form.

I give consent to the service provider to disclose my personal information to another service provider if I commence working with that service provider.

I give consent for FaHCSIA to further disclose some or all of my personal information to the NLTA for the purpose of assisting the NLTA to give me the services and/or payments I need.

I also give consent for FaHCSIA to further disclose some or all of my personal information to other government departments, government authorities and researchers, for the purpose of ensuring that I am provided with good quality services and assistance.

Client's signature  
(or independent advocate's \_\_\_\_\_  
signature)

Date     /     /