



# Consent Form

**Participant:** Joanne BLOGGS  
**Address:** 123 Somewhere Street TOWNSVILLE 4812  
**NDIS reference** 87654321

I *Joanne Bloggs*. [authorising person], authorises NQ Enable to request or share information pertaining to the Participant with the following agencies or people:

☒ State Government Agencies including: (*delete if no required*)

- Health (including Mental Health)
- Police & Dept of Justice
- Housing
- Child Safety
- Education
- Other (*please specify*):.....

☒ Service Providers (NDIS Registered)

☒ Private Practitioners (*please specify*): *..Help me OT.*

☐ Other (*please specify*):.....

The request and sharing of information is for the sole purpose of delivering services as per the Participants NDIS Plan and Service Agreement.

The information gathered is treated as confidential by NQ Enable, in compliance with ACWA Professional Ethics and Standards.

I understand information may be shared with others, without the Participants consent, if it related to the safety, protection or well being of the Participant, or in cases of mandatory reporting as per Queensland & Federal Civil and Criminal laws. The Participant may not be notified of this decision if the matter is of an emergency or critical nature.

.....*J Bloggs*.....

.....*18 August 2017*.....

*Signature - Authorised Person*

*Date*

I, Raymond Lihou, as the representative of NQ Enable, has advised the Participant / Participant Representative the reasons why the information is required, the ways the information may be used and the basis upon which the information may be shared with others.

.....*RJ Lihou*.....

.....*18 August 2017*.....

*Signature - NQ Enable representative*

*Date*