Housing Pathways



Rent Choice Youth Partner Facilitation Group Client Consent Form

This form is to give permission for support agencies to share your information within the Partner Facilitation Group (PFG).		
Your details	Full name	
	Address	
	Date of Birth	DD / MM / YYYY
	Phone	
	Email	
	Preferred method of contact	Mail Phone Email
The following (list all PFG par	•	Facilitation Group in this District:
Agency name		
The Department of	f Communities and Justice	
above, may be d I understand that agency, the Parti mandatory report	pplication for a Rent Choice Youtl lisclosed to the members of the P t this information will remain confi ner Facilitation Group or the Depa	[client's full name] agree that information h Subsidy and Brokerage package by my support agencies, named Partner Facilitation Group assessing my application. idential and will not be disclosed to any party outside of the referring artment of Communities and Justice (unless required to do so for propriate child protection legislation or other requirements under

DH0216 06/19 Page **1** of 2

Privacy Notice

This privacy notice applies to the Department of Communities and Justice (the Department). The Department together with its related agencies complies with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by the program that collects it. It will be used to deliver services and to meet our legal responsibilities.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000 or by emailing: privacy@facs.nsw.gov.au.

I confirm that the following information has be	een explained to me:		
My consent, for assessment and ongoing review for the Youth Rent Choice Subsidy, lasts for 3 years after the date that I sign this form or when I no longer need housing assistance, unless there is a current legal order in place.			
I can change my mind and stop my consent at any time by contacting any member of the Partner Facilitation Group, unless there is a current legal order in place.			
It has been explained to me that if I feel that some of my information is sensitive or could impact on my safety, I can let the person providing me with this form or any member of the Partner Facilitation Group know.			
Client Verbal Consent to the exchange of information between the agencies or advocates listed on this form			
Do you give your verbal consent?	Yes No — Please sign consent below		
Verbal consent was taken in the presence of:	give details		
Full name of witness			
Signature of witness	×		
Client Written Consent to the exchange of information between the agencies or advocates listed on this form			
Client name			
Client eigneture			
Client signature			
Date	DD/MM/YYYY		
If you are signing on behalf of another person as their lenduring guardian, write your name here.	legally appointed guardian such as the NSW Trustee and Guardian or private		
Print name & sign	×		
Office Use Only			
T File number	Client reference number Application reference number		
Officer taking receipt of this consent:			
Name of person/officer	Position Title		
Organisation	Phone number		
Email			

DH0216 06/19 Page **2** of 2