

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 been 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
give details

No — Please sign consent below

Verbal consent was taken in the presence of:

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 signature

Date

If you are signing on behalf of another person as their legally appointed guardian such as the NSW Trustee and Guardian or private enduring guardian, write your name here.

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