

CONSENT FORM

Together We Can International Pty Ltd (TWCI) ACN 39 638 981 450

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Please ensure this form is completed in its entirety and returned to admin@twci.com.au or call our office for one of our friendly staff to assist with anything you are unsure of.



TOGETHER WE CAN
INTERNATIONAL PTY LTD

CONSENT FORM consent to release information

- I authorise **Together We Can International Pty Ltd (TWCI)** to exchange relevant information and access necessary information about for the purpose of but not limited to:
1. Contacting previous or current service providers, support coordinators, plan managers, case managers, care workers or guardians.
 2. Clarifying and interpreting reports from these or other organisations directly related to the provision of supports.
 3. Liaising with the Department of Human Services, the National Disability Insurance Agency (NDIA) and other service providers for reasons directly related to the provision of appropriate support. This may require **Together We Can International Pty Ltd (TWCI)** to share some or all of your personal information with a relevant organisation or government department.
 4. Liaising and discussing matters between **Together We Can International Pty Ltd (TWCI)** staff including as support workers, mentors, therapist, support coordinators, plan managers or any other supporting staff who may need to be informed of your personal circumstances to ensure continuity of care and appropriate support.
 5. Accessing personal records for the purpose of departmental/internal auditing and reporting processes.
 6. Disclosing personal information to emergency services including police officers, ambulance services, fire service officers, State Emergency Services (SES), emergency call service operators (000), health service providers or child protection services where necessary to prevent or lessen a threat to the life, health or welfare of any person.
 7. Anyone else you would like to give us permission to exchange information with, please list here:
 8. This consent is valid for a period of 6 months from the date of signing down below.

Photographs & Video Consent:

We seek your consent to capture photographs and videos of yourself, your child or participant while engaging in services with **Together We Can International Pty Ltd (TWCI)**. We will take all necessary steps to ensure these images and videos are used solely for their intended purposes and stored in accordance with our privacy policy. The purposes of these photos and videos include documenting activities as a record of participation, including them in shift notes for parental or caregiver feedback, using them in publicity materials for future activities or events, incorporating them into marketing materials, leaflets, websites, presentations and utilising them for staff training and development.

If you do not wish for us to take, store or use any photographs or videos for the purposes listed above, please advise us so we can update our records accordingly (you have the right to change or withdraw your consent at any time).

CONSENT: Yes No

Name:
(participant)

Signature:

Date:

Name:
(on behalf of participant)

Signature:

Date:

DISCLOSURE

I confirm that I have accurately completed this registration form and have fully disclosed any challenging behaviours, triggers and strategies to manage them. If any details have been intentionally left out on this form and this results in our inability to accurately assess support needs or if you, your child or the participant is taken home from an activity, a fee will still be charged. Additionally, support may be charged at a higher rate (e.g., 1:1 support) as indicated and agreed upon in the service agreement.

Together We Can International Pty Ltd (TWCI) takes privacy seriously. The information provided on this form is used to appropriately match, support and assess whether we can provide the required level of assistance, ensuring a personalised service tailored to your, your child or the participants individual needs. Personal information collected by us is handled in accordance with the **NDIS Code of Conduct and the Australian Privacy Act 1988**, ensuring it is protected from misuse, loss, unauthorised access modification or disclosure.

Name:
(participant)

Signature:

Date:

Name:
(on behalf of participant)

Signature:

Date: