

SupportLink authorisation to disclose personal information

Under the *Information Act 2002*, the Department of Territory Families, Housing and Communities cannot supply your personal information to anyone without your consent.

If you wish to consent to the release of information to SupportLink, please complete and sign this form.

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450
 Para falar conosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.
 Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.
 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450
 ຖ້າຕ້ອງການສຽງສູນ ເປັນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກະລຸນາໂທໄປທີ່ບໍລິການລ່າມທາງໂທຣສັຟ໌ທ໌ ທາຍເລຂ 131450 ຯ
 തുടർച്ചയായി ຫາກຕ້ອງການສຽງສູນ ຫາກຕ້ອງການສຽງສູນ ຫາກຕ້ອງການສຽງສູນ ຫາກຕ້ອງການສຽງສູນ ຫາກຕ້ອງການສຽງສູນ ຫາກຕ້ອງການສຽງສູນ 131450 ຫາກຕ້ອງການສຽງສູນ
 Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.
 لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

1. Applicant details

This authorisation is valid for a single disclose for 30 calendar days from the date of my signature on this form

Title <input type="checkbox"/> Mr/ <input type="checkbox"/> Mrs/ <input type="checkbox"/> Miss/ <input type="checkbox"/> Ms/ <input type="checkbox"/> Other:		Date of birth	/	/
Full name				
Mobile number		Telephone B/H		
Email address				
Residential Address				
Postal Address				
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email			

2. Advocate or agency details

Advocate or agency (Full name)			
Relationship		Mobile number	
Email address		Telephone B/H	



3. Specific information to be provided

Please attach additional pages if more space required

4. Non-preferred Agency details

If your preferred agency cannot assist you, SupportLink can direct your referral to another similar agency who can provide you with assistance.

Do you consent for SupportLink to redirect your referral to another similar agency, to provide you with assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have ticked 'yes' to the above, please specify any agencies who you do **NOT** authorise SupportLink to redirect your referral to.

5. Client authorisation

I, _____ (Full name)

authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:

- Information will only be disclosed to SupportLink to act in my interests for the nominated period on the front of this form
- Once a support agency has been appointed, I will be required to complete another disclosure form authorising the agency to share my personal information
- My personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the *Information Act 2002* (NT)
- I am able to access and correct any information held about me

And

- I can withdraw this consent at any time.

Signature		Date	/ /
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6. Disclaimer

The Department of Territory Families, Housing and Communities only collects personal information which is necessary for the performance of its operations and provision of services. If you do not provide the information requested, we may not be able to assist you. The Department will not release your personal information to a third party without your consent or unless it is required or authorised by law in accordance with the provisions of the *Information Act 2002* and Information Privacy Principles at schedule two. You have a right to access and correct any information held relating to you by the Department.

If you have any queries or concerns, please contact Freedom of Information, Department of Corporate and Digital Development on (08) 8999 1793, email FOI@nt.gov.au or write to GPO Box 2391, Darwin NT 0801.

7. Office use only

Information released? <input type="checkbox"/> Yes <input type="checkbox"/> No	Release date / /
Released by (name and position)	
Signature	

Once complete, place this form on the client’s group file – For Housing also note on TMS.