

Authorisation to disclose personal information

Under the *Information Act 2002*, the Department of Housing, Local Government and Community Development (Department) cannot supply your personal information to anyone without your consent. If you wish to consent to the release of information to a particular person or organisation, please complete and sign this form.

Kuonega 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
 ຫາກຕ້ອງການສຽງກັບພວກເຮົາໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກຽນາໂທໂປທີ່ບໍລິການລ່າມທາງໂທຣັຟ ທມາຍເລຂ 131450 ຯ
 တွင်အိတ်တိုင်း အိတ်တိုင်းဘာသာစကားမဟုတ်သော ဘာသာစကားဖြင့် ပြောလိုပါက တယ်လီဖုန်းဖြင့် ဘာသာပြန် ဝန်ဆောင်မှုကို 131450 တွင် ခေါ်ဆိုပါ။
 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 from the date of my signature on the reverse of this form: | | | |
| <input type="checkbox"/> A single disclose for 30 calendar days | | <input type="checkbox"/> Ongoing case for a period of up to 12 months | |
| 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 | | | |
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| 4. Client authorisation | | | |
| I, | | (Full name) | |
| <p>authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:</p> <ul style="list-style-type: none"> information will only be disclosed to the advocate or agent I have nominated to act in my interests for the nominated period on the front of this form my personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the <i>Information Act 2002</i> I am able to access and correct any information held about me and I can withdraw this consent at any time. | | | |
| Signature | | Date | / / |

5. Disclaimer

The Department only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on dhlgcd.nt.gov.au or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. 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.

6. 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.