

## Rent Choice Youth Client Consent Form to Share Information

This form is to give permission for support agencies to share information to help you as best possible.

### Your details

Full name

Address

Date of Birth

Phone

Email

Preferred method of contact

Mail

Phone

Email

The following Agencies form the Partner Facilitation Group in this District:  
(list all PFG partners)

Agency name
The Department of Family and Community Services

I ..... [client name in full]  
agree that information relevant to the application for a Youth Subsidy and Brokerage package by my support agency, named above, may be disclosed to the members of the Partner Facilitation Group assessing my application. I understand that this information will remain confidential and will not be disclosed to any party outside of the referring agency, the Partner Facilitation Group or the NSW Department of Family and Community Services (unless required to do so for mandatory reporting requirements pursuant to appropriate child protection legislation or other requirements under appropriate NSW or Commonwealth legislation)

**Privacy Notice**

This privacy notice applies to the Department of Family and Community Services (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](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000 or by emailing: [privacy@facs.nsw.gov.au](mailto: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 Private Rental 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