Easy Read - Participant Information Consent Form

The following information has been explained to me (check yes or no):

1. Collection of my personal information

☐ Yes ☐ No		I understand that if I say yes (or I agree to something) I am giving my consent.
☐ Yes ☐ No		I agree (give my consent) that my provider can collect information about my health, needs, interests, and goals.
☐ Yes ☐ No		I agree that auditors can look at my information when doing an NDIS audit.
☐ Yes ☐ No		I understand my funding bodies might need to look at my information for an audit review.

2. Information collection for support/service delivery

I give consent (agree) for my provider to record information in different ways to deliver my supports/services. I agree they can use:

☐ Yes ☐ No		Photographs.
☐ Yes ☐ No		Voice recordings.
☐ Yes ☐ No		Videos.

Easy Read - Participant Information Consent Form

3. Provider marketing – consent to using my image

I give consent (agree) for the provider to use my image in their marketing material (e.g. on their website, in newsletters):

☐ Yes ☐ No		Photographs.
☐ Yes ☐ No		Voice recordings.
☐ Yes ☐ No		Videos.

4. Sharing my information with practitioners and workers

I give consent (agree) to all relevant information being shared with:

☐ Yes ☐ No		Health care professionals (including allied health).
☐ Yes ☐ No		People who work with me to deliver my supports/ services.

5. Recording my information

I give consent (agree) for the following people to collect and record my personal information:

☐ Yes ☐ No		My provider.
☐ Yes ☐ No		My health care professionals (including allied health).
☐ Yes ☐ No		People who work with me to deliver my supports/ services.

Easy Read - Participant Information Consent Form

6. Access to personal information

I understand I can request to see my personal information:

☐ Yes ☐ No		I know I can ask my provider to see my personal information at any time.

7. Correction and destruction of information

I understand I can request changes to my personal information:

☐ Yes ☐ No		I can tell my provider if any information about me is incorrect, and they will fix it.
☐ Yes ☐ No		I can tell my provider if any information is wrong, and I want it destroyed.

Participant/Advocate Name: _____

Signature: _____

Date: _____

Staff Name: _____

Role: _____

Signature: _____

Date: _____