

Youth Counselling and Support Service

Consent to Share Information Form

Consent to Share Information

Name of Client

Name:

Address:

Date of Birth:

Parent (10 – 12 years of age)

Name:

Address:

Service Type:
(Eg School, Agency, etc)

Name of Agency:

Type of Information:
(Eg all relevant)

I understand that:

- » By signing this form I am giving permission for my worker to provide and/or obtain relevant information about me through discussion with other service providers.

Signature:

Date:

Signed by:

Client

OR

Parent/Representative

Privacy statement

Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014 and used for the specified purpose. You can access your personal information by contacting Council's Privacy Officer on 9705 5200.

Contact City of Casey

03 9705 5200

NRS: 133 677 (for the deaf,
hearing or speech impaired)

TIS: 131 450 (Translating
and Interpreting Service)

caseycc@casey.vic.gov.au

casey.vic.gov.au

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 @CityOfCasey

PO Box 1000
Narre Warren VIC 3805

Customer Service Centres

Cranbourne

Cranbourne Park Shopping Centre

Narre Warren

Magid Drive

Narre Warren South

Amberly Park Shopping Centre