

### Client Consent Form

I understand that other agencies may be suitable to support me to meet the needs I have identified.  
 I understand that other agencies would also treat my information confidentially.

I \_\_\_\_\_

agree to sharing of information between **EveryMan** and:

Person/agency 1. \_\_\_\_\_

They can share about: \_\_\_\_\_

Person/agency 2. \_\_\_\_\_

They can share about: \_\_\_\_\_

Person/agency 3. \_\_\_\_\_

They can share about: \_\_\_\_\_

I understand that the worker/s might be able to provide better support by talking to other people, and I would like the worker/s to talk to: \_\_\_\_\_

I don't want information shared with: \_\_\_\_\_

I have been given a copy of the Information for Service Users flyer  yes  no

This consent is effective from: \_\_\_\_\_ until \_\_\_\_\_  
Date Date

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Client

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Worker

#### NDCA (National Data Collection Agency) **MASS only**

- I understand that information is collected from homelessness services all over Australia. This information does not identify individuals. It tells the government about the sort of support that helps people to become independent in the way they live.
- I agree to the worker completing an NDCA form using the information I give them.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Client