

EveryMan *can live a fulfilling life*

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 the following sharing of information:

Between **EveryMan** and _____

about _____

Between **EveryMan** and _____

about _____

Between **EveryMan** and _____

about _____

I understand that the worker/s might be able to provide better support by talking to other people.

I would like the worker/s to talk to: _____

I do not want information shared with the following: _____

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

This consent is effective from: Date: _____ to Date: _____

Signed _____ Date: _____
Client

Signed _____ Date: _____
Worker

NDCA (National Data Collection Agency) MASS only

1. 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.
2. I agree to the worker completing an NDCA form using the information I give them.

Signed _____ Date: _____
Client