

Christ Mission Possible Inc
Consent to Exchange Information

PERSONAL DETAILS	
Full Name:	
Date of Birth:	
Contact No:	
Address:	
Email Address:	

SUPPORT SERVICES / PERSONAL RELATIONSHIPS			
Name	Consent given	Location/Contact person	Contact details
NSW Government Family and Community Services	<input type="checkbox"/>		
Wentworth Community Housing	<input type="checkbox"/>		
Mission Australia	<input type="checkbox"/>		
Christians Against Poverty	<input type="checkbox"/>		
All Real Estates working in accordance with Christ Mission Possible	<input type="checkbox"/>		
One80TC	<input type="checkbox"/>		
Community Restorative Centre	<input type="checkbox"/>		
Platform Youth Services	<input type="checkbox"/>		
Community Correction Offices (Probation and Parole)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

PRIVACY STATEMENT:

Whilst you are involved with or seeking assistance from Christ Mission Possible Inc. there will be occasions when information will be required from another person/organisation to facilitate the delivery of services. Australian privacy laws require your consent before information between parties can be shared. Please be advised that there are certain circumstances when information will need to be provided without consent such as a request of information from the Police, Family and Community Services or in some cases an emergency medical situation.

I acknowledge and agree to the following:

- I give permission for Christ Mission Possible Inc. to provide and exchange information to and between the persons/services listed on this form.
- I understand that it is necessary for Christ Mission Possible Incorporated to exchange information in order to verify my identity, to process and elevate my application and if successful to assist in the management of my program agreement.
- I am aware that Christ Mission Possible Inc. may not be able to effectively assess my application without access to certain information and therefore may result in insufficient information to be approved for the Transitional Accommodation Program.
- I am aware that this information will only be accessible by Christ Mission Possible Inc. and the persons/services approved on this form.
- I understand that Christ Mission Possible Inc. operate in accordance with the Privacy and Personal Information Protection Act 1988 (NSW).
- I understand that my consent lasts for 2 years after the date signed or when I am no longer housed through Christ Mission Possible.
- I am aware that I can alter my consent at any time by stating in writing or by informing the worker you have been involved with.

WRITTEN CONSENT	
By signing this form, I acknowledge that I have read and accept the above privacy statement. I give consent for Christ Mission Possible Inc. to exchange information between services/persons listed and ticked on this form	
Name person:	
Signature:	
Date:	