|  |
| --- |
| **A** |
| Family / Household member’s name  (Aged above 14 years) | | Role in family | Consent | | |
| Verbal or Written | Date | Signature |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | I/we agree to a <service provider organisation > worker attending home visits or meetings as part of the service provision. | | | | | | | | | |
| **C** | I/we agree this may include personal information of my/our children listed below: | | | | | | | | | |
| Child’s name | | | Age | Child’s name | | Age | Child’s name | | | Age |
|  | | |  |  | |  |  | | |  |
|  | | |  |  | |  |  | | |  |
|  | |  |  | |  | | |  |  | |
| **Name** | | | **Signature** | | | | | **Date** | | |
| **Name** | |  | **Signature** | |  | | | **Date** |  | |

As FACS is part of the NSW Government, the way we collect and manage personal and health information is regulated by the [Privacy and Personal Information Protection Act 1998](http://www.legislation.nsw.gov.au/viewtop/inforce/act%20133%201998%20first%200%20N) and the [Health Records and Information Privacy Act 2002](http://www.legislation.nsw.gov.au/fullhtml/inforce/act%2071%202002%20FIRST%200%20N). See our website (facs.nsw.gov.au/site\_information/privacy) for more information about your privacy rights, or call 02 9377 6000 or send an email to [privacy@facs.nsw.gov.au](mailto:privacy@facs.nsw.gov.au).

A copy of this form must be provided to each family member who consented to having their information collected.