



HPWD Consent Form Easy Read

Customer Name:			
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Date:		Tenant File No.	
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Please provide your details in this section if you are completing this form on behalf of the customer:

- under 18 years for whom you are a child representative, **or**
- for whom you are a Person Responsible* (e.g., are legally appointed decision maker/guardian, family member, carer, or friend).



*See S. 33A(4) *Guardianship Act 1987* (NSW) for a hierarchy of persons from whom the Person Responsible for a person is to be ascertained.


Name:			
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Are you the customer's:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Person Responsible Please state your relationship to the customer eg Mother, Father, sister, brother etc
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I am giving consent for:	One time only <input type="checkbox"/> YES <input type="checkbox"/> NO	Ongoing <input type="checkbox"/> YES <input type="checkbox"/> NO	Until a set date / /20
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1. Collection of my personal information




<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div> <p>I understand that if I say yes (or I agree to something) I am giving my consent.</p>
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<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	<div style="text-align: center;">  </div> <p>I agree (give my consent) that my provider can collect information about my housing needs, interests, and goals.</p>
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<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>I agree auditors can look at my information when doing an NDIS audit.</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>I understand my funding bodies might need to look at my information for an audit or review.</p>


2. Information collection for service delivery

I give consent (agree) for my provider to record information in different ways to deliver my services. I agree they can use:

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Photographs</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Voice Recordings</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Videos</p>




3. Sharing my information with practitioners and workers

I give consent (agree) to all relevant information being shared with:

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>People who work with me to deliver my housing services</p>
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4. Provider marketing – consent to using my image

I give consent (agree) for the provider to use my image in their marketing material (e.g. on their website, in newsletters):

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Photographs</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Voice Recordings</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Videos</p>


5. Recording my information

I give consent (agree) for the following people to collect and record my personal information:

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>People who work with me to deliver my housing services</p>
<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>Hume Housing. Your SDA Provider</p>


6. Access to personal information


I understand I can request to see my personal information:

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>I know I can ask Hume to see my personal information at anytime</p>
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7. Correction and destruction of information

I understand I can request changes to my personal information:

<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>I can tell my provider if information about me is incorrect, and they will fix it.</p>
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<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	 <p>I can tell my provider if information is wrong, and I want it destroyed.</p>
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8. My signature*

This section needs to be signed by the person who is completing this form. This may be the Customer, Guardian or Person Responsible.

Signature:	
Name:	
Date:	

Have your contact details changed? Please keep HUME up to date and complete below or email any changes to E: sda.enquiries@humehousing.com.au

Street Address:			
Suburb:			
		State & Postcode:	
Mobile:		Phone:	
Email:			

HUME Community Housing to complete only*

**Wherever practicable, consent should be in writing. If verbal consent is given eg over the phone, Hume will keep a record of the verbal agreement of the Customer, Guardian/Person Responsible. The following checklist will assist Hume to document verbal consent.*

1.	I have advised the Customer/Guardian/Person Responsible: <ul style="list-style-type: none"> • why Hume is collecting the information, • what Hume will do with the information, and • who else is able to see it? 	YES	NO
2.	The Customer/Guardian/Person Responsible has provided their verbal consent.	YES	NO