

CONSENT TO EXCHANGE

101 Plan Management collects and stores information (including personal information) as per 101 Plan Management's Privacy Policy that is essential to provide services, and for reporting and accountability requirements. 101 Plan Management recognises the rights of Participants to access, update and correct their information, as described in detail in the 101 Plan Management Privacy Policy.

Participant Details

NDIS No: _____

Participant's Name: _____

Date of Birth: _____ Age: _____ Gender: M / F / Other: _____

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Contact No: _____ (M) _____ (H) _____ (W)

Email: _____

Nominee / Representative Details

Complete this section if Participant above is under 18 years of age or unable to consent independently.

Is there are a Guardianship or Family Court Order in place? Yes No

If under Guardianship of the Minister, the order expires on this date: / /

Name: _____ Relationship to Participant: _____

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Contact No: _____ (M) _____ (H) _____ (W)

Email: _____

Privacy and your Information:

I/We recognise that 101 Plan Management is obliged to collect, store and disclose information (including personal information) as defined in the *Privacy Act 1988* in hard copy and/or electronically, and I/we consent for this to occur in accordance with the 101 Plan Management's Privacy Policy. A copy of the policy is included with this form and can be obtained on request at any time.

101 Plan Management are **not** to exchange information with:

Name:	
Name:	
Name:	

(Signature of Participant / Participant's Representative/Nominee)

(Name of Participant / Participant's Representative/Nominee)

(Signature of 101 Plan Management Representative)

Caitlin Sullivan

(Representative, 101 Plan Management)

Date

Consent to Exchange Information

I/We recognise that different agencies provide different services and benefits to Participants and their Representative / Nominee, and gather/have specific information in order to provide those services and benefits.
(Participant's / Representative's / Nominee's Name)

- I/We hereby consent to 101 Plan Management communicating and exchanging information with the National Disability Insurance Scheme / Agency in relation to the Participant's NDIS Plan which includes goals, funding and any other information that may be relevant in the provision of services by 101 Plan Management.
- I/We hereby consent to 101 Plan Management communicating and exchanging information with the following list of Providers and any additional providers as advised throughout the duration of the Service Agreement in relation to the Participant's NDIS Plan which includes goals, funding, service agreement and any other information that may be relevant in the provision of services by 101 Plan Management.

Service Providers

Name of Provider	Phone	Type of Information (including limits as applicable)

Signatures

If the Participant is under 18 years of age or unable to sign independently, the authorised Nominee / Representative must sign.

You will be contacted by 101 Plan Management to renew your consent from time to time. You can update or withdraw consent at any time by notifying 101 Plan Management in writing.

(Signature of Participant / Participant's Representative/Nominee)

(Name of Participant / Participant's Representative/Nominee)

(Signature of 101 Plan Management Representative)

Caitlin Sullivan

(Representative, 101 Plan Management)

Date