

# Participant Consent Form



## Participant details

Full name: \_\_\_\_\_ NDIS Number: \_\_\_\_\_  
Date of birth: DD / MM / YYYY Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Acknowledgement

I want to acknowledge that **Segway Care Services** has advised me of the following:

- ☐ **Segway Care Services' Privacy and Confidentiality Policy**
- ☐ *What type of personal information including recorded material in audio and/or visual format will be collected and for what reason and how I can have access to Participant information*
- ☐ *Participant right to access or correct personal information*
- ☐ *Participant right to withdraw or amend Participant consent at any time*
- ☐ *Participant right and how to make a complaint about a breach of my privacy*
- ☐ **Segway Care Services** will provide an interpreter if I requested
- ☐ **Segway Care Services** may share relevant information with other participant's providers to meet the participant needs
- ☐ *How Segway Care Services will store my personal information*
- ☐ *Disclosure of my personal information to:*
  - the NDIS Quality and Safeguards Commission, NDIA or other authorities if required
  - health professionals if needed
  - other parties such as my advocate if applicable
- ☐ **Segway Care Services' workers are authorised to use my money or other properties for the purposes listed below:**
  - 
  - 
  -

## Consent Sign off

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: DD / MM / YYYY

## Non-Consent Sign off

*I do not give my consent for **Segway Care Services** to collect and disclose my personal information to any parties except where required by law.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: DD / MM / YYYY