|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | We, the family members listed below, agree to our personal information being collected and held by the Family and Community Services service provider organisation Click here to enter text. as part of deciding if my/our family is eligible for Brighter Futures. This will involve a review of any available Family and Community Services history, which will be shared with Brighter Futures. | | | | | |
| Family member name | | Role in family | Age  (if 14  to 18) | Consent | | | |
| Verbal or Written | Date | Signature | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
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| Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | I/we agree this may include personal information of my/our children, aged under 14, listed below | | | | | | | | | | |
| Child’s name | | | Age | Child’s name | | | Age | Child’s name | | | Age |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| Click here to enter text. | | |  | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| **Name** | | Click here to enter text. | | | **Signature** |  | | | **Date** | Click here to enter text. | |
| **Name** | | Click here to enter text. | | | **Signature** |  | | | **Date** | Click here to enter text. | |

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)  the [Health Records and Information Privacy Act 2002](http://www.legislation.nsw.gov.au/fullhtml/inforce/act%2071%202002%20FIRST%200%20N) and the [Children and Young Persons (Care and Protection) Act 1998](http://www.legislation.nsw.gov.au/#/view/act/1998/157). See our website ([facs.nsw.gov.au/site\_information/privacy](https://www.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.