|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | We, the family members[[1]](#footnote-1) listed below, agree to our personal information being requested from and released to the services we have nominated below, including personal information about children in our family aged under 14. We understand that this information is being exchanged so that Brighter Futures and other support services can provide us with the best coordinated and organised service possible. | | | | | |
| Family Member | | Role in Family | Age (if 14-18) | 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. | Click here to enter text. |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | I/we agree for the following information to be exchanged with the following agencies | | | | | | |
| Agency | | | Information to be requested/provided | | | Exclusions (information not to be provided/requested) | |
| 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 Family and Community Services (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.

1. Any family member over the age of 14 can provide consent for information exchange. [↑](#footnote-ref-1)