



General Consent to Exchange Information and Authority to Act on Behalf

I, [Name] _____ [DOB] _____ of

[Address] _____ understand and provide consent for RSL Tasmania Wellbeing and Compensation Team keep relevant information to assist in supporting me. I understand that my information will be treated as confidential in align with *Personal Information Protection Act 2004*.

By signing this form I understand and am providing consent for RSL Tasmania Wellbeing and Compensation Team to liaise, share information with relevant organisations and advocate/ act on my behalf, inclusive of receiving correspondence.

I understand that all interactions with other agencies and organisations will be discussed with me prior to their engagement and/or referral.

I understand that by signing this form my consent can be withdrawn at any point I feel appropriate.

The above permissions are effective for 12 months from the date below or for the duration of support, whichever comes first.

[Signature]

[Date]



RSL
Tasmania

New Advocate Request				
Date/Time				
Name				
DOB				
Address				
Phone				
Email				
Emergency Contact Details				
DVA/Concession Card Number (please circle)		Gold Card	White Card	Orange Card
DVA File Number				
Enlistment Date		Discharge Date		
Additional Details/ Reason for referral How can we assist? What background would be helpful for us to know about your situation?				

Send completed Consent Form and Advocate Request Form to:

admin@rsltas.org.au

Any questions contact RSL Tasmania on 03 6242 8900