

General Consent to Share Information and Authority to Act

Client Details

Name	
Date of Birth	
Address	

Personal Information

1. I understand and provide consent for RSL Tasmania Wellbeing and Compensation Team to collect my personal and health-related information for the purpose of providing me with assistance and support. I understand that my information will be managed in accordance with the 'Personal Information Protection Principles' contained within the *Personal Information Protection Act 2004*.
2. I understand that this information may be disclosed to relevant third parties who have been engaged to provide support services.

Authority to Act

3. By signing this form, I authorise the RSL Tasmania Wellbeing and Compensation Team to act on my behalf if required with respect to representation, communications and correspondence with relevant organisations.
4. I understand that all interactions with relevant agencies and organisations will be discussed with me prior to their engagement and/or referral.

Consent

I, [Name] _____ acknowledge that this has been explained to me and I consent to what has been outlined above.

I understand that by signing this form my consent can be withdrawn at any point I feel appropriate.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

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		
<p>Additional Details/ Reason for referral</p> <p>How can we assist?</p> <p>What background would be helpful for us to know about your situation?</p>				

Send completed Consent Form and Advocate Request Form to:

admin@rsltas.org.au

Any questions contact RSL Tasmania on 03 6242 8900