

# Third Party Consent Form

It is important to us that your privacy is protected. The purpose of this form is to ensure that when we share your information with a third party, you are aware of what information is being shared; to whom we're sharing this information with and that you agree for this to occur.

The Salvation Army Employment Plus will not use, unless permitted or required by law, your information for any other reason(s) than to ensure that we can effectively provide you with quality and tailored employment services.

<b>Section A – Information that will be used, disclosed and collected</b>	
<b>Section B – Purpose and nominated third party details</b>	
<b>Section A</b>	
<b>Please tick the relevant boxes that apply.</b>	
<input type="checkbox"/> Personal information such as Full Name, Address, Contact Details <input type="checkbox"/> Details about any injuries and/or medical conditions <input type="checkbox"/> Payroll/payslips information to assist administering a wage subsidy or for employment related purposes. <input type="checkbox"/> Other: Please specify _____	
<b>Section B</b>	
<b>Purpose</b>	
<b>Please tick the relevant boxes that apply.</b>	
<input type="checkbox"/> Registering a nominee with The Salvation Army Employment Plus (family, friend, advocate) <i>Please select all relevant boxes that apply:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> To make enquires relating to my participation in the program on my behalf.</li> <li><input type="checkbox"/> To make employment related decisions on my behalf.</li> <li><input type="checkbox"/> To attend/accompany me at appointments with EPlus.</li> <li><input type="checkbox"/> To confirm appointment details</li> <li><input type="checkbox"/> To reschedule an appointment (noting that a compliance script will be read to the nominated person for acceptance)</li> </ul>	
<input type="checkbox"/> Referral and/or regular contact with external Allied Health Services or Health Professionals ( <i>i.e. confirming attendance to treatment sessions and other support services</i> )	
<input type="checkbox"/> To contact my employer relating to a Wage Subsidy and/or payslips information.	
<input type="checkbox"/> To contact my employer's nominated third-party to assist administering a Wage Subsidy.	
<input type="checkbox"/> Other: Please specify _____ _____	
<b>Third Party Details</b>	
<b>Contact Name</b>	
<b>Business Name (where applicable)</b>	<input type="checkbox"/> I consent to any other employees of the above-mentioned business being contacted as required. ( <i>tick if applicable</i> )
<b>Contact Number</b>	
<b>Contact Email Address</b>	



<b>Relationship to Participant</b> ( <i>where applicable</i> )	
<b>Duration</b>	
<p><b>This consent form is valid for a period of 12 months.</b></p> <p>If you would like the consent to remain in effect for a shorter period, please specify below:</p> <p><b>Start Date:</b> _____ <b>End Date:</b> _____</p>	
<b>Participant Acknowledgement</b>	
<p>By signing this consent form, I authorise for The Salvation Army Employment Plus to use, disclose and collect the information outlined in <b>Section A</b>.</p> <p>I confirm that I have discussed with an EPlus staff member and understand the nature of the specified information in Section A and purpose that will be shared to/from the nominated third party listed in <b>Section B</b>.</p> <p>I understand that this authorisation is valid for a period of 12 months, or until I withdraw consent, unless a shorter duration is specified.</p> <p>Should I decide to withdraw my consent or if my circumstances change, I will notify The Salvation Army Employment Plus by contacting <b>136 123</b> or informing the staff member who manages my appointments.</p>	
<b>Participant Name</b>	
<b>Participant Signature</b>	
<b>Date Signed</b>	
<b>Legal Guardian/Administrator Declaration</b> ( <i>where applicable</i> )	
<p>I am the appointed legal guardian or administrator of the above-name participant and am authorised to allow The Salvation Army Employment Plus to use, disclose and collect the specified information with the nominated third party on behalf of the participant.</p>	
<b>Legal Guardian/Administrator Full Name</b>	
<b>Signature</b>	
<b>Date Signed</b>	

OFFICE USE ONLY	
<p>I declare that I have discussed the contents of this form with the participant named above and have verified that the form was completed by the participant.</p>	
<b>Staff Full Name</b>	
<b>Position</b>	
<b>Signature</b>	
<b>Date Signed</b>	

**For more information on protecting your privacy please visit:**

The Salvation Army Privacy Policy: <https://salvationarmy.org.au/privacy>

Department of Employment and Workplace Relations: <https://www.dewr.gov.au/about-department/resources/dewr-privacy-policy>

Department of Social Services Privacy Policy: <https://www.dss.gov.au/privacy-policy>

OAIC Australian Privacy Principles: <https://www.oaic.gov.au/privacy/australian-privacy-principles/>