**Form: DES- 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 are required to share your information with a third party, you are aware of what information is being shared; to who we’re sharing this information and that you agree for this to occur.

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

**For more information on protecting your privacy please visit:**  
The Salvation Army Privacy Policy: <https://salvationarmy.org.au/privacy>  
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/>

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| **Participant Details** | |
| **Full Name** |  |
| **JSID** |  |
| **Contact Number** |  |

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| **Third Party Details** | |
| **Contact Name** |  |
| **Business Name** *(where applicable)* |  |
| **Relationship** *(where applicable)* |  |
| **Contact Number** |  |
| **Purpose** | Registering an Employment Plus Nominee  Nominating a family member or friend to be present during your appointments with us  Disclosing your information to a potential Employer  Disclosing your information to a Third Party Provider for tailored services (Training Organisations, Activity Providers) |
| **Purpose (Other) – Please specify** |  |

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| **Disclosure Details** | |
| **Content**  *(what information is being sent)* | Your employment services information (appointments, activities)  Your work related history (Resumes, Qualifications, Licenses etc.)  Details about any injuries or medical conditions  Details resulting from an employment related check (Police, Working with Children/Vulnerable Persons Check etc.) |
| **Content (Other) – Please specify** |  |

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| **Disclosure Details (cont)** | |
| **Communication Method**  *(How this information will be sent)* |  |
| **Duration (Date Range)**  *(Period that this consent form is valid for)* |  |

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| **Acknowledgement** | |
| By signing this Third Party Consent Form, I acknowledge that I have been informed of how my personal/sensitive information will be used; and I agree to allow The Salvation Army Employment Plus to disclose the specified information to the nominated Third Party for the period indicated.  Should I decide to withdraw my consent, I will notify The Salvation Army Employment Plus by contacting **136 123**. | |
| **Participant Name** |  |
| **Participant Signature** |  |
| **Date Signed** |  |

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| OFFICE USE ONLY | |
| **Staff Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date Signed** |  |