

Consent to Share Information with my Support Coordinator

The purpose of this form is to confirm your consent for The People Project Tasmania to share your NDIS plan details and provide Dashboard access to your Support Coordinator. Please complete all the sections of this form incomplete forms cannot be accepted.

Participant Details:

First Name:			
Last Name:			
Date of Birth (dd/mm/yyyy)		NDIS Number:	
Role:	<input type="checkbox"/> Participant	<input type="checkbox"/> Plan Nominee	<input type="checkbox"/> Legal Guardian

I consent for The People Project Tasmania to:

1. Share and send information about my NDIS plan and budgets.
2. Provide access to my online dashboard.
3. Communicate plan-related information via phone and email.

Support Coordinator Details:

First Name:			
Last Name:			
Organisation Name:		Postcode:	
ABN:	Phone:	Mobile:	
Email:			

Level of Consent:

- Provide consent to my nominated Support Coordinator only.
- Provide consent to other Support Coordinators within the same organisation if my nominated coordinator is unavailable or on leave.

***Note:** This consent will end if the Support Coordinator leaves the organization or is no longer supporting you. Please ensure you advise us if this happens, as we will only know about these changes if you notify us.*

Declaration of Consent:

I understand that I have authorized The People Project Tasmania to share information with the nominated Support Coordinator, as per the level of consent chosen above.

I understand that I can withdraw this consent at any time by contacting The People Project Tasmania by phone or email.

I understand that consent remains active until I notify The People Project Tasmania of any changes. It is my responsibility to advise of any change in circumstances.

This form must be signed by the participant, plan nominee or legal guardian.

First Name:

Last Name:

Email:

Phone:

Date of Birth (dd/mm/yyyy)

Signature:

Read our [Privacy Policy](#)

Phone: 6332 8600

NDIS Registration Number: 405 000 6082