

Consent Form

Name	
------	--

Consent to Receive Services

I consent to receive services provided by Adventureabilities. Eligibility criteria and wait lists may apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to other professionals, trainees, junior staff or students participating in or observing the delivery of services. Adventureabilities will contact me prior to attendance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consent to Use Photos/Digital Recordings/Original Material

I consent to photos and videos of myself being captured and used by Adventureabilities for:

Participant profiles, medication sheets, and similar materials related to the delivery of services by Adventureabilities. (Video recordings may assist in therapy assessments.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ask Me
Social Media, websites, publications, media releases, reports, training, etc. and viewable by Adventureabilities staff, other professionals and the general public.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ask Me

Copyright in all photos, digital recordings and other materials will be owned solely by Adventureabilities.

Mailing list

I consent to receive the Adventureabilities newsletter each month with details on upcoming events and other information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Privacy and your Information

I consent for Adventureabilities to collect, store and report information (including personal information, as defined in the Privacy Act 1988 (Cth)) in both hard copy and electronic format in accordance with the Adventureabilities Privacy Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for Adventureabilities to seek/share information with other services provider for referrals and support planning. Adventureabilities will inform and involve me in this process. Adventureabilities will not provide information to another agency unless compelled by law e.g. in cases of abuse or neglect or other criminal activity in line with our privacy and confidentiality policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signatures

If the participant is under 18 years or unable to sign independently, their representative must sign.
 You can update or withdraw consent at any time by notifying Adventureabilities in writing.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____