|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **This is the child consent form table. Please tab through. Each label in the table is followed by a data entry cell. Overtype Yes / No values and Title values with your answer.** | | | | | |
| **Participant consent form**  Consent for confirmation of my child’s Medicare address information for the purposes of the Territory Incentives Program.  **Important Information**  Complete this form to request the confirmation of personal Medicare address information to the Territory Incentives Program.  The signatory must initial any changes to this form. Incomplete forms may result in the study not being provided with your information. By signing this form, I acknowledge that I have been fully informed and have been provided with information about this study. I have been given an opportunity to ask questions and understand the possibilities of disclosures of my personal information. | | | | | |
| **Participant details** | | | | | |
| Participant ID | |  | | | |
| Title | | Master / Miss | | | |
| Child’s family name | |  | | | |
| Child’s first given name | |  | | | |
| Child’s other given name(s) | |  | | | |
| Child’s date of birth (dd/mm/yyyy) | |  | | | |
| Child’s Medicare card number 1 | |  | | | |
| Child’s Medicare card number 2 | |  | | | |
| **Address details** | | | | | |
| Child’s primary address | |  | | | |
| Child’s secondary address | |  | | | |
| Postal address (if different to above) | |  | | | |
| **Authorisation** | | | | | |
| I authorise the Department of Human Services to confirm any Medicare address recorded for my child for 2 years prior to the date of this consent and for the life of the Territory Incentives Program: | | | | | Yes / No |
| **Declaration** | | | | | |
| Declare that the information on this form is true and correct. | | | | | |
| Signature |  | | Date (dd/mm/yyyy) |  | |
| Signed on behalf of participant | | | | | |
| Full name |  | | Dated (dd/mm/yyyy) |  | |
| \*Once a young person has turned 14 years old they must consent to their own information being released | | | | | |
| Parent (where the participant is under the age of 14 years old\*) | | | | | Yes / No |
| Legal guardian (where the participant is under the age of 14 years old\*)  (Please attach supporting evidence (enduring or medical)) | | | | | Yes / No |
| **Power of attorney**  (A power of attorney is a document that appoints a person to act on behalf of another person who grants that power. In particular, an enduring power of attorney allows the appointed person to act on behalf of another person even when that person has become mentally incapacitated. The powers under a power of attorney may be unlimited or limited to specific acts.) | | | | | Yes / No |
| **Guardianship order**  (A Guardianship order is an order made by a Guardianship Board/Tribunal that appoints a guardian to make decisions for another person. A Guardianship order may be expressed broadly or limited to particular aspects of the care of another person.) | | | | | Yes / No |
| **App 5 – Privacy notice** | | | | | |
| Your personal information is protected by law (including the Privacy Act 1988) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services.  Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).  You can get more information about the way in which the department will manage your personal information, including our privacy policy at humanservices.gov.au/privacy | | | | | |
| **End of form** | | | | | |