

Child consent form

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
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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			
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			