

Authorisation to Disclose Personal Information

Under the Information Act 2002, the Department of Territory Families, Housing and Communities cannot supply your personal information to anyone without your consent.

If you wish to consent to the release of information to a particular person or organisation please complete and sign this form.

Fields marked with an asterisk (*) are required. Fields marked with a caret (^) are for office use only.			
Applicant details			
Title* (Mr/Mrs/Miss/Ms/Other)			
Surname*		Given names*	
Telephone A/H*		Telephone B/H*	
Fax*		Email address*	
Address*			
Preferred contact method* (Phone/Mail/Email/Fax)			
This authorisation is valid from the date of my signature on the reverse of this form and relates to:*			
<input type="checkbox"/>	Single disclose valid for 30 calendar days		
<input type="checkbox"/>	Ongoing case for a period of up to 12 months		
Advocate or agency details			
Advocate or agency name*			
Relationship			
Telephone A/H*		Telephone B/H*	
Email address*			
Specific information to be provided*			
Please attach additional pages if more space required			

Client authorisation			
I, (name) *			
<p>authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:</p> <ul style="list-style-type: none"> information will only be disclosed to the advocate or agent I have nominated to act in my interests for the nominated period on the front of this form my personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the <i>Information Act 2002</i> I am able to access and correct any information held about me and I can withdraw this consent at any time. 			
Signature*			Date*
<p><i>The Department of Territory Families, Housing and Communities only collects personal information which is necessary for the performance of its operations and provision of services. If you do not provide the information requested, we may not be able to assist you. The department will not release your personal information to a third party without your consent or unless it is required or authorised by law in accordance with the provisions of the Information Act 2002 and Information Privacy Principles at schedule two. You have a right to access and correct any information held relating to you by the department.</i></p>			
Office use only^			
Information released? ^	Yes <input type="checkbox"/> No <input type="checkbox"/>	Release date^	
Released by (name and position)^			
Signature^			
Once complete, place this form on the client's group file - For Housing also note on TMS.			

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<p>Για βοήθεια στη γλώσσα σας τηλεφωνήστε στις Υπηρεσίες Στέγασης (Housing Services) στο 1300 301 167.</p> <p>"Đề được sự giúp đỡ về ngôn ngữ, xin gọi Dịch vụ Gia Cư (Housing Services) qua số 1300 301 167"</p> <p>للمساعدة اللغوية يرجى الاتصال بخدمات الإسكان على الرقم 1300 301 167</p> <p>Untuk bantuan bahasa hubungilah Dinas Perumahan (Housing Services) di nomor telp 1300 301 167</p> <p>សម្រាប់ជំនួយភាសា សូមទូរស័ព្ទទៅសេវាលំនៅឋានតាមរយៈលេខ៖ 1300 301 167</p> <p>အင်္ဂလိပ်စကားနားလည်ဖို့အကူအညီအတွက် အိမ်ယာဝန်ဆောင်မှုများနှင့် ၁၃၀၀ ၃၀၀ ၃၀၆ ကို ခေါ်ပါ။</p> <p>若需语言协助 请拨打1300 301 167 与房屋服务联络</p> <p>Para a assistência da língua ligue para os Serviços de Habitação no 1300 301 167.</p> <p>Wegen Hilfe in deutscher Sprache wenden Sie sich bitte an den Wohnungsdienst, Telefonnummer 1300 301 167.</p> <p>For language assistance please call Housing Services on 1300 301 167.</p>
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Assistance:

If you require assistance with completing this application please contact Freedom of Information by:

Telephone: (08) 8999 8490

Fax: (08) 8942 6806

Correspondence: PO Box 37037, WINNELLIE NT 0820

Email: TFHC.InfoAccess@nt.gov.au