



HPWD Consent Form Easy Read Customer name: Guardian/Support Person name: Verbal/Written consent: Date: Signature: 1. Collection of my personal information I understand that if I say yes YES ✓ NO × (or I agree to something) I am giving my consent. NO × I agree (give my consent) that YES ✓ my provider can collect information about my housing needs, interests and goals



YES √	NO ×	I agree auditors can look at my information when doing an NDIS audit		
YES √	NO ×	I understand my funding bodies might need to look at my information for an audit or review		
Information collection for service delivery I give consent (agree) for my provider to record information in different ways to deliver my services. I agree they can use:				
YES √	NO ×	Photographs		
YES √	NO ×	Voice Recordings		
YES ✓	NO ×			



		Videos
Sharing my information	l n with practitioners and work	kers
I give consent (agree) to all relev		
	NO ×	People who work with me to deliver my housing services
website, in newsletters):	ovider to use my image in their	marketing material (e.g. on their
YES √	NO ×	Photographs
YES √	NO ×	Voice Recordings
YES ✓	NO ×	Videos

I give consent (agree) for the following people to collect and record my personal information:



YES ✓	NO ×	People who work with me to deliver my housing services		
YES ✓ 6 Access to personal in		HUME Community Housing Hume Housing. Your SDA Provider		
I understand I can request to see my personal information:				
YES ✓	NO ×	I know I can ask Hume to see my personal information at any time		
7. Correction and destruc	ction of information			
I understand I can request chang	es to my personal information:			
YES ✓	NO ×	I can tell my provider if information about me is incorrect and they will fix it		



YES ✓
NO ×

I can tell my provider if information is wrong and I want it destroyed