

# Consent to Share Personal Information Form

Applicable to personal information held by Tasmanian Health Organisations and the Department of Health and Human Services

<b>Applicant's Details</b>						
<b>Surname:</b>	<input type="text"/>		<b>Given Names:</b>	<input type="text"/>		
<b>Previous Name/s:</b> (Maiden/Alias Names if applicable)	<input type="text"/>					
<b>Date of Birth:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Gender:</b>	Male	Female
	Day	Month	Year			
<b>Current Address:</b>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street		Suburb/City	State	Postcode	
<b>Previous Address:</b>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street		Suburb/City	State	Postcode	
<b>Telephone:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business		Home	Mobile		
<b>Email:</b>	<input type="text"/>					
<b>Identification:</b>	<p>You are required to provide <b>two forms of identification</b> with this completed form – one of which must be photographic. Acceptable forms of identification include:</p> <ul style="list-style-type: none"> <li>• Australian driver licence</li> <li>• 18 year+ proof of age card</li> <li>• Keypass card</li> <li>• Passport from any country</li> <li>• Firearms licence</li> <li>• Medicare Card</li> <li>• Bank statement</li> <li>• Service bill (Council Rates Notice, Telephone Bill etc)</li> </ul>					
<b>Who do you consent to share this information with?</b>						
Eg Full name of person OR name of Business Unit OR name of Government Agency etc	<input type="text"/>					
<b>Consent:</b>	<p>I hereby certify that the details provided on this application are true and correct. I consent to a check of the records of Department of Health and Human Services and the Tasmanian Health Organisations and to the release of this information to the nominated person/s.</p> <p><i>Please Note: By signing this consent form you are agreeing to the disclosure of personal information to nominated person/s. Strict confidentiality is maintained in accordance with relevant legislation.</i></p>					
<b>Signature:</b>	<input type="text"/>			<b>Date:</b>	<input type="text"/>	

<b>Office Use Only</b>			
Received by:	<input type="text"/>	Date:	<input type="text"/>
Identification 1:	<input type="text"/>	Identification 2:	<input type="text"/>
Assign to (Operational Unit):	<input type="text"/>		