

Consent to share information with a support coordinator

I give my consent to USEA Plan Managers to share my NDIS information with the listed support coordinator and their associated company. I can **take away** my consent at any time.

Participant Details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Contact phone number	
Contact email	

Child representative, plan nominee, legally appointed decision maker details

Full name	
Phone number	
Email	
Relationship to participant? e.g. plan nominee	

Support Coordinator Details

Company Name (if applicable)	
Support Coordinator Name	
Email	
Phone number	

Participant or legal decision maker declaration

I confirm that:

- I have given USEA Plan Managers consent to share information about me to the company and /or support coordinator I have listed on this form.
- I understand I can take away my consent to share information at any time.
- I understand this information is protected by law and USEA Plan Managers can only share it with someone else where Commonwealth law allows or requires it.
- I have given my consent freely and no one has pressured me into doing so.

Full Name	
Signature	
Date	