**Name of Kyeema Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_



Kyeema has information about you. We take good care of it for your privacy.

Other people who support you may ask for that information. People who want to make sure Kyeema is doing the right thing may also ask for your information. If a government department asks for information about you, we have to give it to them.

**Consent to share my information**

Please tick if it is **OK** to share your information with the following.

Put a cross for **Not OK**.

**Health Services**

**Other places your funding comes from**

**Plan Managers & Support Coordinators**

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**Sometimes we will need to share information for your safety and others to the Police and other Emergency Services. Do you consent to your participant information form being provided. This will include Police, Ambulance, SES and coast guard.**

YES NO

**Consent to use my Photo**

Kyeema likes to take photos of you within your support work/activities

Other people might ask to use your photo.

Are you OK if we share your photo with the following?

Please tick the following for **Yes** or put a cross for **No.**



* In Promotional Material for Kyeema Movie/Video



* On our Kyeema page and website (www.kyeema.com.au)



* In Newspaper & Magazines
* Internal at Kyeema. (e.g. Pictures on the wall)

Signature of participant: ………………………….…… Date: …………….…………………

Signature of carer if participant is unable to consent: …………………….……………..…

Name of staff member who explained this: …………………………………………….…….

***This consent is valid for 3 years but is able to be changed at any time participant chooses.***