

Consent to collect or disclose a child's personal information

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Important information about privacy

The Department of Home Affairs (the Department) collects personal information and sensitive information to perform its statutory functions, including providing support, welfare and care arrangements to minors in the Department's care.

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*.

Form 1442i is available from the Department's website

www.homeaffairs.gov.au/allforms/ or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Additional information is available on the Department's website

www.homeaffairs.gov.au/about/access-accountability/privacy

Purpose of this form

The Department may disclose personal information to state/territory child welfare authorities, including the authorities' third party contracted service providers, police, education providers, medical providers, the Department's contracted service providers and other relevant Australian Government agencies to:

- organise and monitor health, education, care, and welfare arrangements for children in detention and/or in the community
- investigate/prevent possible child abuse or neglect
- carry out enforcement related activities.

The purpose of this form is for you to provide your consent to the Department to collect or disclose personal information for the above purposes. Your consent may be withdrawn at any time.

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

Full name Family name

Telephone

number

(Area code

Child's details

| | Given names | | | | |
|---|---------------------------|-----------|------|----------|--|
| 2 | Date of birth | Day Month | Year | | |
| 3 | Contact of Address for co | | | | |
| | | | | | |
| | | | | Postcode | |
| | | | | | |

| Parent/g | uardian/carer/custodian details |
|---|---|
| Full name | |
| Family name | |
| Given names | |
| | |
| Relationship to | the child (eg. parent, guardian, carer, custodian) |
| Name of annual | the bloom (the complication) |
| Name of organ | isation (if applicable) |
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| Consent | |
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Is this form being completed by a parent/guardian/carer/custodian on