

CONSENT TO SHARE INFORMATION

Consent to share information enables a Participant to give signed consent to Blitzit Plan Manager PTY LTD to discuss personal plan information over the phone or via email with additional Authorised Persons, such as Parents, Guardians, Authorised Representatives, Support Coordinators or others in accordance with the Blitzit Plan Manager PTY LTD privacy policy, which can be found at www.blitzit.com.au

Only you, the Participant, or a Parent/Guardian/Authorised Representative (if the Participant is unable to give consent, or is under 18 years of age) may give consent to share information. Examples of the information that may be shared includes but is not limited to; your current budget amounts, information about recent invoices and providers you have engaged, client details, representative contact details and access to "BOP" our Blitzit Online Portal.

You have the ability to add authorised persons at any time. It is your responsibility to notify Blitzit Plan Manager PTY LTD should you wish to withdraw consent, via email to hello@blitzit.com.au

PARTICIPANT DETAILS

This is the NDIS Participant receiving the NDIS funding.

First Name:

Last Name:

Email:

Phone:

NDIS Number:

Date of Birth:

PERSON GIVING CONSENT FOR INFORMATION TO BE SHARED:

☐

Participant (as listed above)

☐

Parent/guardian/authorised representative details

You are the parent/guardian/authorised representative of a participant who is under 18 years of age, or unable to give consent.

Please tick:

☐

Parent

☐

Guardian

☐

Authorised Representative

Name:

Phone:

Email:



I/WE GIVE PERMISSION FOR BLITZIT PLAN MANAGER PTY LTD TO SHARE INFORMATION WITH:

Support Coordinator:

Name:	<input type="text"/>	Organisation:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

Other Authorised Persons:

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

CONSENT

I/We, the Participant and/or the Participant's Parent, Guardian or Authorised Person agree and accept by the signing hereof the terms of this Agreement and acknowledge that I/We have had the opportunity to obtain independent advice in relation thereto.

I give permission for Blitzit Plan Manager PTY LTD to share information with other necessary members of the above stated organisations should the nominated person/s not be available.

The conditions of consent to share information has been explained to you in a way that you understand, and you agree with them.

In signing this form, Blitzit takes in good faith the information provided by the Participant, Parent and/or Guardian/ Authorised Representative to be true and accurate.

Signature of Participant or Parent/Guardian/Authorised Representative

Date

Name of Participant or Parent/Guardian/Authorised Representative (please print)