

Consent to Discuss/Provide Information

For use by cardholder/applicant to allow the Worker Screening Unit to discuss/provide information about your clearance/application with an approved person.

Important notice: To preserve the confidentiality of your personal information, it is suggested that you authorise someone other than your employer.

Who can complete this form?

Cardholders/applicants with a current disability worker screening clearance or application in progress.
If you have more than one approved person to nominate, you will need to complete a separate form for each person.

How to complete this form?

- This form can only be completed by a cardholder or applicant to nominate an approved person
- The approved person you are nominating must sign Part B of this form
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Delays in processing your application will occur if you do not complete this form correctly

All sections marked with ▲ MUST be completed or your application can not be processed.

How will you use my information?

Your information will be used in accordance with the Disability Worker Screening Privacy Notice and Information Management Policy.

Part A: Identity and personal information of the cardholder/applicant

▲ Legal name (as it appears on your disability worker screening card or application form):

First name Middle name Last name

No middle name (please tick)

▲ Date of birth:

Mobile number: ▲ Daytime phone number:

TMR registered email address:

▲ Residential address:

Town/ Suburb State Postcode

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb State Postcode

▲ For existing disability worker screening cardholders, please provide your card number:

For applications in progress, please provide your application number (if known):

Part B: Approved person's details

▲ Name:

First name

Middle name

Last name

No middle name (please tick)

▲ Relationship to cardholder/applicant:

Date of birth:

Mobile number:

Daytime phone number:

Email address:

Residential address:

Town/ Suburb

State

Postcode

My residential address is the same as my postal address.

Postal address *(if different from residential address)*:

Town/ Suburb

State

Postcode

▲ Approved person's signature:

Signature

Date of signature

▲ Part C: Consent to discuss information

I consent to the Worker Screening Unit discussing/providing the following information to the approved person in Part B of this form including:

- The current status of any application or the progress to date of the application
- Any request for additional information
- Any assessable information including police information, disciplinary information, misconduct information, investigative information or any other risk assessment matter
- Any change in assessable information listed above
- The assessment process including any request for submissions, references and other supporting material
- Any medical information
- The outcome of the application or subsequent reassessment including whether a clearance or exclusion is issued
- Any change to your eligibility to work status including the issue of a suspension or interim bar
- Any relevant personal information such as name, address or employer details

If there is anything listed above that you *do not* wish to be discussed with the approved person, please outline this below:

Part D: Communication with approved person

Please select the preferred way/s you would like the Worker Screening Unit to consult with your approved person.

- Phone
- Letter/Post
- Email

▲ Part E: Validity of consent

Please select one option below relating to the duration of your consent for the approved person.

- My consent remains valid indefinitely until I advise the Worker Screening Unit otherwise
- My consent only remains valid until my current application or reassessment is finalised

▲ Declarations

- I have read and understand the contents of this form
- I consent to the Worker Screening Unit discussing the information in Part C relating to my card/application with the approved person nominated in Part B
- The information provided by me on this form is true and correct and I understand it is an offence to provide false or misleading information

Signature

Date of signature


_ _ / _ _ / _ _ _ _

Next steps


Please return your completed form by one of the following methods:


- By post:** Disability Worker Screening Unit
Department of Child Safety, Seniors and Disability Services
PO Box 10179, Brisbane Adelaide Street QLD 4001
- Scan and email:** workerscreening@dsdsatsip.qld.gov.au
- By fax:** 07 3097 7201

Department of Child Safety, Seniors and Disability Services

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 workerscreening@dsdsatsip.qld.gov.au

 1800 183 690

 07 3097 7201