



PRIVACY CONSENT FORM

I have been provided a copy of the privacy consent information statement to which this consent form relates and any questions I have asked have been answered to my satisfaction.

I agree to the collection, use, storage and disclosure of my personal and sensitive information as described in the accompanying form.

Declaration And Acceptance Of Conditions		
I, (Full name)		
Street Address:		
Suburb:	State:	Post Code:
I have read and understood each of the statements in this collection statement and voluntary consent to: (a) personal and sensitive information about me being collected by you as indicated in the collection statement; (b) personal and sensitive information about me being used as indicated in the collection statement; (c) personal and sensitive information about me being disclosed as indicated in the collection statement.		
Signature:	Print Name:	Date:
Witness Signature:	Print Name:	Date: