



## General Consent to Exchange Information with Third party

This form is to be completed by social housing tenant or applicant as follows when you give consent for Link Wentworth to exchange personal information with a third party. This form:

- Allows Link Wentworth to collect and use your personal information from a third party (such as a relative, doctor, support person).
- Allow Link Wentworth to exchange information with a third party.
- Authorises the third person to give or receive information about you and for information to be exchanged between Link Wentworth and the third party.

This information will be collected and recorded in your tenant records. Only information needed to make the best decisions to assist you in obtaining or maintaining housing and/or support will be shared.

If you have any questions or need help completing this form, please call us on 9412 5111 (Chatswood Hub) or 4777 8000 (Penrith Hub) or email [enquiries@linkwentworth.org.au](mailto:enquiries@linkwentworth.org.au).

If you require an interpreter please advise Link Wentworth, or if you have a hearing or speech impairment please use the TTY service Freecall 1800 810 586. A TTY phone is required to use this service.

Do you need a translator? TIS National provides access to phone and on-site interpreting services in over 150 languages. Call 13 14 50.

### Your details

Tenancy ID: \_\_\_\_\_ OR Applicant ID: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

\_\_\_\_\_

Phone number (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

## Giving Consent for the Collection, Use and Exchange of Information

All the details in this section relate to the person or agency that you are authorising to give or receive information about you.

Name of person or agency you are giving consent to (please use full name if person):

\_\_\_\_\_

Phone number (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

Address for correspondence:

\_\_\_\_\_

## Tenant declaration

I authorise the third party named on this form to exchange information about me in matters concerning Link Wentworth.

I know that I can change my mind and stop my consent at any time by writing or telling a Link Wentworth unless there is a current legal order in place.

Full name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_