



**NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form**

## Consent to use and disclosure of child's personal information

I understand that \_\_\_\_\_ (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

Details of child	
Print full name of child	
Date of birth (DD/MM/YYYY)	

Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to child (e.g. Mother, father, guardian)	

Signature of parent/guardian

--

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_