

Consent to use and disclosure of personal information

I am an employee/contractor of _____ (the **Service**).

I understand that the Service receives funding for the early childhood education services it provides under a funding agreement with the New South Wales Department of Education (**Department**).

I also understand that it is a condition of that funding agreement that the Service collects Personal Information for the Department to monitor the Preschool's performance under the funding agreement.

Personal information (including information or an opinion) may include my name and contact details, my date of birth, my qualifications, when I commenced employment with the Service and details of my prior employment. It could include sensitive information.

I authorise the Service to disclose my Personal Information to the Department. I understand that the Department will only use or disclose my Personal Information as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). 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 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 the Service including for any teachers (including myself) or caregivers in connection with the Service.

The Department requires your Personal Information to allow the Department to monitor government funding of child care services. If you do not agree to your Personal Information being provided to the Department then this could impact the services at, or funding allocation made available to, the Service.

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

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

Details Of Employee/Contractor	
Print Full Name Of Employee/Contractor	

Signature of employee/contractor

Date

___/___/___