

PERSONAL INFORMATION AND DISCLOSURE CONSENT FORM



**ccs
disability action**
Including all people

Why do you need my personal information?

The personal information that you provide on this form is required by CCS Disability Action so we can:

- contact you to provide you with information or contact your parents/guardian if appropriate
- contact someone close to you in the event of an emergency
- use your feedback to review and evaluate our work
- report to funding agencies on the work we do
- share some of the information with others as identified by you (see below)

Who will you give the information about me to?

All the information you give us is confidential, however we need to share your information with some other people/organisations. Your information will only be made available to:

- CCS Disability Action staff who are involved in providing or administering your support services
- An external evaluator, who will contact you after you have been receiving support from us for about six months to get your feedback on our services and how you are going with your personal plan
- Government agencies if they provide us with specific funding for you as an individual
- Individuals and agencies that you name on this form

Will you give the information to anyone else?

We will give the information about you to others without your consent:

- if we are required to do so by law
- if you cannot give consent and there is an emergency,
- if we believe there are significant care and protection risks for any child involved.

Do I have to give you my personal information?

No, but the quality of the support we provide may be affected.

Can I access the information that CCS Disability Action has about me?

Yes. You have the right to access and correct any information held about you.

Family name: _____ First name: _____

Preferred Name: _____ Date of birth: _____ Male/ Female _____

Address: _____

Postal address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

How would you like us to contact you? _____

Hapu: _____ Iwi: _____

Ethnicity: _____ Country of birth: _____

What language do you speak at home? _____

Do you need an interpreter? Yes / No

WINZ number: _____ NHI number: _____

What is your disability? _____

What support do you want from CCS Disability Action? _____

Name of parents / guardian (if appropriate): _____

Phone number: _____

Names and ages of your brothers or sisters: _____
(please attach list of names, if needed)

Who should we contact in an emergency?

Name: _____ Relationship to you: _____

Contact details: _____

Is there anything else that you want to tell us about? _____

I authorise CCS Disability Action to obtain and disclose information about me to the following individuals/agencies in addition to the people and agencies identified above

AGENCY	CONTACT PERSON	PHONE

Please sign and date this form so we know you understand and agree with this information

Name: _____

Signature: _____ Date: _____