

# FOCAS Shoalhaven Incorporated

## CONSENT FORM

By signing this form you give FOCAS Shoalhaven Incorporated permission to discuss your details on your behalf. This will enable us to liaise with other services or people for your benefit at FOCAS Shoalhaven Incorporated.

Individual Name: .....

Individual Signature: .....

Parent/Carer Name: .....

Parent/Carer Signature: .....

Signature (Operations Manager):

.....

Date: .....

**FOCAS Shoalhaven Incorporated**  
**CONSENT FOR INFORMATION SHARING**

I/we.....  
(Individual/ Primary Carer)

consent to the sharing of information between FOCAS Shoalhaven and (Other Service Provider) of any relevant information that is required by the other Service Provider regarding

Individual.....  
(Individuals name)

**Signed:** .....

Date: .....  
(Individual / Primary Carer)

**Signed:** .....

Date: .....  
(FOCAS Operations Manager)

FOCAS Shoalhaven Incorporated

CONSENT TO USE PHOTGRAPHS

I consent / I do not consent (please circle) to FOCAS Shoalhaven Incorporated using any photograph taken of me whilst participating in activities at FOCAS for the purpose of promoting the organisation and its services. I understand that this may involve my photo being used in FOCAS promotional material including brochures, our website and social media.

Individual Name: \_\_\_\_\_

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/carer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/carer Signature: \_\_\_\_\_