**Navigation Service: Privacy Consent Form**

In order to coordinate services to address the accommodation, financial and psychosocial needs for you and/or your family arising out of, or connected to the ex-Cyclone Debbie and Cook events, we may need to collect and share information from other agencies involved in addressing these needs.

This will be information relating to the services they are providing you and may include personal information about your individual circumstances where that is relevant to the services we are providing you. This will enable us to provide you with the best possible service.

The Navigation service will not provide technical or legal advice.

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| **Name** |  | |
| **Date of birth** |  | |
| ***I have read the above and give my consent to the Whakatāne Recovery Navigation service to collect and share information about me from the following organisations:*** | | |
| Organisation 1: |  | |
| Organisation 2: |  | |
| Organisation 3: |  | |
| Organisation 4: |  | |
| ***I also give my consent for the Whakatāne Recovery Navigation Service to collect and share information from the above agencies about children or other dependants in my care:*** | | |
| **Dependants name:** | | **Date of birth** |
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| **Signature** |  | |
| **Date** |  | |