



Consent for Management of Information

I.....(name) of

.....(address)

consent to and authorise Macedonian Humanitarian Association St Arhangel Gavril to collect, use, disclose, store and handle personal and health information about me for the following purposes in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records Information Privacy Act 2002*.

In particular, I consent to Macedonian Humanitarian Association St Arhangel Gavril:

- Handling and releasing personal and health information about me either verbally, through Macedonian humanitarian Association St Arhangel Gavril's web site, radio stations and/or newspapers so that Macedonian Community and other nationalities that live in Australia can be informed about my need in order to donate either medicines and/or financial help to me.

I also consent to Macedonian Humanitarian Association St Arhangel Gavril using and disclosing personal and health information about me to fulfil any legal obligations. (E.g. Macedonian Humanitarian Association St Arhangel Gavril may be required by law to disclose personal information to law enforcement agencies, the Department of Community Services and other regulatory bodies to meet legislative requirements related to child protection and public health matters). I will also inform my medical that he/she will be approach by the Association to verify my records.

I understand that my records will be checked in:

- International terrorism watch list and my name will be searched on the web for any affiliation to terrorism organisation. If this is positive St. Arhangel Gavril will need to step away and inform the relevant authorities.
- Australian Federal Database for conviction under the Crimes (Child Sex Tourism) Amendment Act.

I understand that I retain the right to withdraw this consent at any time.

.....
Signature *Date*

For verbal consent – please provide witness signatures

.....
Signature *Date*

.....
Signature *Date*

If a parent or legal guardian is giving consent, please complete and sign where indicated below.

I..... (name)

of(address)

am the parent or legal guardian of (name of relevant person)

of(relevant person's address) and consent

to and authorise Macedonian Humanitarian Association St Arhangel Gavril to collect, use, disclose and handle personal and health information about this person for the purposes outlined in this form.

.....
Signature *Date*