



Agency/Advocate Consent

I have been advised that this consent form is to enable

(print name of Agency/Advocate)

to act on my behalf in relation to any housing matters with the Housing Authority which operates within the Department of Communities. I understand that any information released by the Housing Authority will be used solely for this purpose.

- I am aware of my right to withhold or withdraw consent at any time.
- I understand that such information will be treated in a confidential manner and if it is published for statistical purposes in any format it will not identify me or any member of my family.
- I understand I have the right to make a formal complaint through the agency, advocate, or Housing Authority if I am dissatisfied with the way my information has been released or used.

Information collected by us will be handled in accordance with the Housing Authority Privacy, Confidentiality and Duty of Care Policy and the Public Sector Commission Policy Framework and Standards for Information Sharing between Government Agencies. Tenants can request access to their personal information held by the Housing Authority by applying under the *Freedom of Information Act 1992 (WA)*.

Client's Details

Mr Mrs Miss Ms Other

Surname

First Name

Second Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Contact Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Email

Is the client able to read/write English?

Yes No

Does the client require an interpreter?

Yes No

If yes, for what language

Client's Signature

Date

D	D	M	M	Y	Y	Y	Y
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This section is to be completed by the Agency/Advocate

Agency/Advocate's Details

Name of Agency

Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Advocate's Name

Advocate's Direct Phone

Advocate's Email Address

Advocate's Signature



Date

D	D	M	M	Y	Y	Y	Y
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