

Consent to Share Support Budgets with Third Parties

Please complete and sign this form to provide permission for First2Care to share your Support Budget and services delivered statements with another person or organisation. This may include receiving our monthly budget reports or login access to our web app for live budget and invoicing data.

If you give us permission to share your information and you later decide that you don't want us to share your information, you can withdraw your consent at any time by contacting the First2Care Support Team. You can do this by telephoning 1300 322 273, emailing support@first2care.com.au or mailing First2Care GPO Box 5088 Brisbane QLD 4001.

PART A: Participant details

Note: If you are not the Participant and you are a Plan Nominee, child representative or legally appointed decision maker, please complete this section about the Participant you are representing.

Full name of Participant:	
Date of birth (DD/MM/YYYY):	
NDIS Participant number:	
Contact details for Participant	Phone number:
	Email Address:

PART B: Plan Nominee, child representative or legally appointed decision maker details

Please provide your details in this section if you are completing this form on behalf of a participant:

- for whom you are a Plan Nominee, or
- under 18 years for whom you have parental responsibility, or a child representative (legal guardian)
- for whom you are a legally appointed decision maker (for example, a public guardian).

First2Care may ask you to provide confirmation that you are authorised to represent the Participant and to verify your identity.

Contact our friendly team

P: 1300 322 237

first2care.com.au

E: support@first2care.com.au

Please mark the relevant box below to indicate your relationship to the Participant

- ☐ I am the Participant (do not complete this section – proceed to Part C)
- ☐ I am the Participant's Plan Nominee
- ☐ I am the Participant's Legal Guardian
- ☐ I am a legally appointed decision maker for the Participant (eg. Public Guardian)

Full name of Participant's representative (if relevant)		
Contact details for Participant's representative (if relevant)	Phone number:	
	Email Address:	

PART C: Third party details and consent

I consent to First2Care sharing Support Budgets with the organisation nominated below:

Organisation name:		
ABN:		
Contact person:		
Contact details for Organisation:	Phone number:	
	Email Address:	

Please see next page for Part D.

PART D: Declaration

- ☐ I declare that by signing this consent form:
- I understand that I am giving First2Care permission to share my Support Budget with the third party nominated under Part C on this form;
 - I understand that I can withdraw or change my consent to share information at any time;
 - I understand I can access information about how First2Care handles my personal information from the First2Care Privacy Policy on the First2Care website at <https://www.first2care.com.au/privacy-policy>; and
 - I am authorised to sign this consent form in the capacity noted below.

Name:	Date:
Signature:	<input type="checkbox"/> Participant
	<input type="checkbox"/> Participant's Plan Nominee
	<input type="checkbox"/> Participant's Legal or Public Guardian



Contact our friendly team
P: 1300 322 237
first2care.com.au
E: support@first2care.com.au