



Participant Consent to Share

Please complete this form so Empowrd has your consent to share your information.

You do not have to give your permission if you do not wish for this to happen.

If you decide that you do not want Empowrd to act on your behalf anymore, you can withdraw your consent by email to: *info@empowrd.com.au*

Participant Full name	
Date of birth	
NDIS participant number	
Contact number/email	

If you are the representative or participant nominee, complete below:

Full name	
Contact number	

Give my consent to Empowrd Plan Managers sharing information about my NDIS plan with the following people:

Full name or Organisation	
Contact number	
Email	

Please tick the relevant boxes for information to share:

- Your name and NDIS number and contact details
- Access to Careview, including NDIS Plan funding, balances and expenditure
- Confirmation of services provided
- To liaise with providers on my behalf about my supports
- To access copies of quotes and service agreements
- Other.....

Signed: _____ Date: _____