

Collection of Personal Information Consent Form

The purpose of this form is to confirm the consent for Evergreen to maintain, collect, store and use personal information of residents, employees, volunteers and contractors.

Name: _____

Position: _____

I hereby authorise Evergreen to collect, store and use my following personal information.

I authorise Evergreen to collect my personal information from the following third parties:

- Name:
- Organisation:
- Postal address:
- Phone number:

I understand that Evergreen, is proposing to collect “personal information” from me and that this information is considered personal information for the purposes of the Privacy and Personal Information Protection Act 1998. I understand that the purpose of collecting this information is to enable my application to be considered, to enable routine administration, and to monitor and maintain a record of my details. I understand that the intended recipients of this information are officers within Evergreen, or any other body who may require the information for administration purposes, including agencies of the federal government, and/or state/territory governments.

I understand that while supply of this information is voluntary, if I cannot provide or do not wish to provide the information sought, Evergreen may be unable to process my application. I also understand that if, after I have supplied the information, I change my mind and do not want the information used, I may make an application for access or amendment or that any personal information may not be used. I understand that I have a right of access to and correction of, the information regarding myself in accordance with the relevant procedures under Evergreen’s policies. I hereby consent to the Evergreen collecting personal information from me.

Should my application be successful, I hereby to Evergreen notifying me when information about me is collected in any form, including email, in relation to any and all matters relating to the routine administration of the Organisation.



This consent shall be valid for the duration of my term as a Resident, employee, volunteer and contractor will cease to operate when Evergreen receives written notification of revocation and Evergreen acknowledges such revocation by notice in writing.

I understand that I may change or cancel this authority at any time.

Name: _____

Signature: _____ Date: ____/____/____