



# Consent To Share Information

## Financial Plan Management Services

Only you (LEISURE NETWORKS client), your Guardian or Authorised Representative may give consent to share. The information we share can include your current budget amounts, information about recent invoices and providers you have engaged, client details and representative contact details. You can tell us what you want to share.

Giving additional parties consent to access your personal information is purely optional and will not affect our services. You have the ability to add or remove people to your Consent to Share list in the future.

<b>FULL NAME</b>	
<b>NDIS NUMBER</b>	

I, \_\_\_\_\_  
(the client or the name of the guardian or authorised representative to act on behalf of the client),  
hereby consent to Leisure Networks sharing information about my/the NDIS plan with the following  
parties:

### SECONDARY CONTACT

(EG: YOUR PARENT, A CO-PARENT/GUARDIANS, GRANDPARENTS, CLOSE FRIENDS ETC)

<b>FIRST NAME LAST</b>	
<b>PHONE</b>	
<b>EMAIL</b>	
<b>ADDRESS</b>	
<b>RELATIONSHIP TO PARTICIPANT</b>	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> ATS - Client Name & NDIS Number                         | <input type="checkbox"/> Statement Recipient                     |
| <input type="checkbox"/> ATS - Recipient (statement, balances, spending & dates) | <input type="checkbox"/> ATS - Confirmation of services provided |
| <input type="checkbox"/> Access to Leisure Networks Portal                       |  |

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## Financial Plan Management Services

### SUPPORT COORDINATOR (IF APPLICABLE)

FIRST NAME	
LAST NAME	
PHONE NUMBER	
EMAIL ADDRESS	
COMPANY	
ABN	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> ATS - Client Name & NDIS Number                         | <input type="checkbox"/> Statement Recipient                     |
| <input type="checkbox"/> ATS - Recipient (statement, balances, spending & dates) | <input type="checkbox"/> ATS - Confirmation of services provided |
| <input type="checkbox"/>   |  |

### ADDITIONAL CONTACT

(EG: YOUR PARENT, A CO-PARENT/GUARDIANS, GRANDPARENTS, CLOSE FRIENDS ETC)

FIRST NAME	
LAST NAME	
PHONE NUMBER	
EMAIL ADDRESS	
RELATIONSHIP TO PARTICIPANT	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> ATS - Client Name & NDIS Number                         | <input type="checkbox"/> Statement Recipient                     |
| <input type="checkbox"/> ATS - Recipient (statement, balances, spending & dates) | <input type="checkbox"/> ATS - Confirmation of services provided |
| <input type="checkbox"/> Access to Leisure Networks Portal                       |  |

## Consent To Share Information

### Financial Plan Management Services

#### AUTHORITY AND DECLARATION

I declare that I have the authority to approve this consent to share form in the following capacity as:

The client

A parent of the client who is under 18 Y/o

A guardian / authorized representative of the client.

\_\_\_\_\_  
Client /guardian/ authorized  
representative full name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

You may revoke these permissions at any time by: Emailing  
[fpmenquiry@leisurenetworks.org](mailto:fpmenquiry@leisurenetworks.org)