



can live a fulfilling life

Call 02 6230 6999

301 Griffin Centre, 20 Genge Street Civic ACT 2601

enquiries: www.everyman.org.au/contact-us

GPO Box 1753 Canberra 2601

abn: 54 979 533 031

Client Consent Form

I understand that other agencies may be suitable to support me to meet the needs I have identified.

I understand that other agencies would also treat my information confidentially.

I _____

agree to sharing of information between **EveryMan** and:

Person/agency 1. _____

They can share about: _____

Person/agency 2. _____

They can share about: _____

Person/agency 3. _____

They can share about: _____

I understand that the worker/s might be able to provide better support by talking to other people.

I would like the worker/s to talk to: _____

I don't want information shared with: _____

I have been given brochures about EveryMan and the Working With the Man program ☐ yes ☐ no

This consent is effective from: _____

Date

until _____

Date

Signed _____

Client

Date

Signed _____

Worker

Date