

**Consent for Services with Student Therapist**

I \_\_\_\_\_ agree for a student therapist from (name of organisation /business) to:



- Work with me
- Work with \_\_\_\_\_ (person's name)
- Work and talk with services like hospitals, schools, respite, doctors.
- Collect and use personal/health information from other people.
- Help me with the goals in my NDIS plan.



I do not want you to contact:  
\_\_\_\_\_



- Take photos and videos.



- Do not take photos and videos.

**Consent provided by:**

- Participant
- Person responsible

**Name & Signature:**

\_\_\_\_\_

**Other consent method used** (if applicable):

\_\_\_\_\_

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

This will continue until the service is finished or until I want to stop the service.

I have had the service explained to me. I understand the information. I know that I can stop consent at any time.