



## Consent to Release and Obtain Information

I \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Full Name) (Date of Birth)

Consent to

\_\_\_\_\_  
(Name of Organisation/Service)

providing information relevant to my support needs to Nova for Women and Children.

I understand that;

- My consent is valid for a maximum of 6 months from this date.
- I may withdraw my consent at any time.

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Date

**Nova for Women and Children** PO Box 2080, DANGAR NSW 2309 **ABN:** 52 880 952 916

**Intake:** 1800 769 654 **Newcastle t:** 4023 5620 **f:** 4023 5664

**Westlakes t:** 4950 8328 **f:** 4950 8636 **Eastlakes t:** 4971 4599 **f:** 4972 1939

**For more information:** visit [www.novawomen.org.au](http://www.novawomen.org.au) or email [nova@novawomen.org.au](mailto:nova@novawomen.org.au)