

## **CONSENT FOR SERVICES**

Meli needs to collect information about you for the purpose of providing a quality service. This includes asking information about your support needs when you first contact us. We manage your personal information in accordance with relevant privacy laws. Meli may be required to disclose your information without your consent if required or authorised by law, if it means keeping a person safe or, if it is a subpoena request.

Under the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS), some Meli programs can disclose personal information to assess or manage family violence risk to children and adults; or to manage and promote a child or a group of children's wellbeing and safety. This means information may be shared without consent in relation to:

- Child victim survivors.
- Alleged perpetrators (for a family violence assessment purpose only); or perpetrators (for a family violence assessment or protection purpose only).
- A child or a group of children whose wellbeing and safety is at risk.

I have received a **Service User Handbook** and the following has been explained to me:

- My information will be securely stored either; electronically and/or in hard copy file, which may include in Meli's central database and/or databases provided by funding bodies.
- Meli collects and reports statistical information to funding bodies in a way that does not identify me.
- Meli is required to report internally and externally to DFFH, DSS or NDIS any incident that occurs during service delivery and results in harm to me.
- Meli will report any allegations and concerns regarding a child or young person's safety to authorities.
- I have rights and responsibilities when accessing a Meli service including privacy and confidentiality, access to information and the complaints/feedback process.
- If I present under the influence of drugs or alcohol, my worker can refuse to provide the service.
- Meli uses various technologies to monitor the safety of staff including the location of Meli vehicles, CCTV, onsite and remote duress alarm monitoring.
- I have the right to change my mind and withdraw my consent at any time. Consent is valid for the period I am/we are engaged with the service.

#### I understand that:

 My information may be shared with other Meli programs to provide the best possible service.
 Yes
 No

 My information may be audited to assess our services for quality and funding requirements.
 Yes
 No

 My information will be stored be used in Meli's online database for recording keeping purposes.
 Yes
 No

 My information may be shared with an external agency to access appropriate services or funding.
 Yes
 No

#### Please sign below if you understand the above and give consent to receiving a service from Meli:

Full Name:		Signature:			Date:	
	Verbal Consent					
OFFICE USE ONLY						
A copy of the Handbook has been emailed/sent to the service user			er	Yes 🗆 No 🗆 Pe	rson Declin	ed 🗆



A copy of this consent form has been emailed/sent to the service user Yes I No I Person Declined I

### **CONSENT TO WORK WITH CHILDREN**

### This section is about giving consent for us to provide services to your children.

Can we drive your children to places you have agreed to? Yes D No D

Please provide details of your children who you want to receive a service from Meli:

Child's Full Name:	Date of Birth:
Child's Full Name:	Date of Birth:
Child's Full Name:	Date of Birth:
Child's Full Name:	Date of Birth:
Child's Full Name:	Date of Birth:
Child's Full Name:	Date of Birth:

The following has been explained to me:

- Meli will take the utmost care of my children when providing services.
- Meli shall not be held responsible for any accidents which occur to my children during transportation to agreed destinations.
- Meli will only transport my children with my consent.
- Meli collects information about my child(ren) for the purpose of providing services.
- Meli will retain and dispose of my child's records in accordance with relevant legislation and the Public Record Office Victoria.

Please sign below if you understand the above and give consent to your child(ren) receiving a service from Meli:

Full Name:



Date:

Verbal Consent



### **CONSENT TO SHARE INFORMATION**

### This section is about giving consent for us to share your information with others.

Please provide details of anyone who you give consent for Meli to speak to on your behalf:

Name / Organisation:	Contact Details:
Name / Organisation:	Contact Details:

The following has been explained to me:

- I can withdraw my consent at any time.
- My consent ends when I stop receiving a service from Meli.
- Meli will only speak to the people/organisations listed above for matters that relate to my disclosed support needs.

Please sign below if you understand the above and give consent to Meli sharing information with the people and organisations listed above:

Full Name:



Date:

Verbal Consent



# **CONSENT FOR ONLINE VIDEO CALLS**

# This section is about giving consent for us to provide services to you using an online video call.

Meli can provide you with counselling and support using online video calling apps such as Microsoft Teams or Zoom. These apps allow you to see and talk to your Meli worker online exactly as if you were talking to them in person.

The following has been explained to me:

- Participation in audio and video online calls is voluntary.
- Your rights to confidentiality and privacy will be respected.
- There will not be any photographing, audio or video recording of the session by your Meli worker, and we do not accept any such recording or photographing by you.
- If there are technical issues, we will ring you on the telephone or we will reschedule your appointment.
- Whilst we will make every effort to ensure privacy and security standards are met, these online platforms are hosted externally to us so we cannot guarantee the security of these video calls.
- We strongly recommend that you do not enter personal information in chat logs.
- Online video call apps collect the detail you use to join a meeting like your name or email, and this may be stored overseas.
- You have the right to withdraw your consent from participation in online audio or video consultations at any time.

Please sign below if you understand the above and give consent to participating in online video calls with Meli:

Full Name:

Signature:			Date:
	Verbal Consent		