

# PRIVACY CONSENT FORM

Location: \_\_\_\_\_

Reference No.: \_\_\_\_\_

## Parties Information:

Full Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number / Email: \_\_\_\_\_

## Consent Statement:

By signing this Privacy Consent Form ("Form"), I acknowledge that I have been informed about the collection, use, and disclosure of my personal information by [Organization Name] (the "Organization") in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs). I consent to the Organization collecting, using, and disclosing my personal information for the purposes set out below and as described in the Organization's Privacy Policy.

## Purposes for Collection, Use, and Disclosure:

1. To verify identity and eligibility to participate in the Organization's services or activities;
2. To communicate with me regarding services, programs, and events;
3. To manage and administer my participation, including payment processing and record keeping;
4. To comply with legal and regulatory obligations, including reporting to government agencies;
5. To improve services and conduct research in a de-identified or aggregated manner;
6. Any other purpose notified to me at the time of collection or in the Organization's Privacy Policy.

## Rights of the Individual:

I understand that under the Privacy Act 1988 (Cth), I have the right to:

- Access my personal information held by the Organization;
- Request correction of any inaccurate, incomplete, or outdated information;
- Complain to the Organization or the Office of the Australian Information Commissioner (OAIC) about breaches of the Privacy Act or APPs;
- Withdraw this consent at any time, subject to legal or contractual restrictions and reasonable notice.

## Disclosure to Third Parties:

I acknowledge that my personal information may be disclosed to third parties including service providers, regulatory bodies, and other entities as required or authorized by law or with my consent. The Organization will take reasonable steps to ensure these third parties comply with applicable privacy obligations.

## Data Security and Retention:

The Organization will take reasonable steps to protect my personal information from misuse, interference, loss, unauthorized access, modification, or disclosure. Personal information will be retained only as long as necessary to fulfill the purposes outlined in this Form or as required by law.

## Contact and Complaints:

For questions regarding the handling of my personal information or to make a complaint, I understand I can contact [Organization Name]'s Privacy Officer at [Contact Details]. If I remain dissatisfied, I may contact the Office of the Australian Information Commissioner (OAIC).

**Acknowledgement and Signature:**

By signing below, I confirm that I have read and understood this Privacy Consent Form, that I have had the opportunity to ask questions, and that I provide my informed consent to the collection, use, and disclosure of my personal information as described herein.

**SIGNATORY FULL NAME:**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Original source of this document:

<https://templatesdocs-au.com/privacy-consent-form/>

Did you find this template helpful?

Find more updated templates at:

<https://templatesdocs-au.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.