

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION



I, {Print Full Name} Given name/s

Family name:

of {Residential Address}

consent to disclosing my personal information to the Department of State Development (DSD) for the following purposes:

- DSD identifying me as a Specialist Migrant Services client
- DSD to disclose and / or exchange my personal information to relevant third parties, for the purposes of undertaking statistical analysis, evaluation and reporting, and DSD being able to provide me with information to consider possible training and / or future employment opportunities
- DSD being able to monitor my progress in transitioning into employment and / or training
- DSD to undertake all reasonable actions to facilitate the use and promotion of Specialist Migrant Services, and the brokerage of employment opportunities for me, including, (but not limited to), by DSD disclosing my Personal Information to relevant third parties.

I understand that my personal information collected, used and stored by DSD is subject to the 'Information Privacy Principles' issued by the South Australian Department of Premier and Cabinet.

Signature: Date: / /

Email:

'Personal Information' means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.