SMOOTH STRIDE SUPPORT PTY LTD

Participant Consent and Information-Sharing Form – Controlled Issue

NDIS-FORM-020 | Participant Agreement, Consent and Support Planning

Where Quality Care Meets Genuine Compassion.

Version	1.0 - Approved
Owner	Shantell Sydenham - Director
Approved by	Shantell Sydenham - Director
Effective date	28 July 2026
Planned review	28 July 2027, or earlier following material change
Status	Active - approved participant issue
Approval / effective date	28 July 2026 | Next review: 28 July 2027, or earlier following material change

Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Consent principles

- Consent must be informed, specific, voluntary, current and recorded.
- Information must be explained in the participant's preferred way.
- A participant may choose some options and refuse others without losing unrelated services.
- Consent may be changed or withdrawn, except where law requires retention or disclosure.
- Silence, a pre-ticked box or a signature on another document is not blanket consent.

Participant and decision-support details

Participant name / NDIS number	_____
Preferred communication format / language	_____
Decision supporter / advocate / interpreter	_____
Representative authority and evidence (if applicable)	_____
Consent review date	_____

Consent choices

Specific purpose	Choice	Limits / people / information
Collect information needed to assess and safely deliver agreed supports	☐ Yes ☐ No ☐ Not applicable	
Use information for service planning, delivery, review and billing	☐ Yes ☐ No ☐ Not applicable	
Exchange relevant information with the NDIA / NDIS Commission where authorised or required	☐ Yes ☐ No ☐ Not applicable	
Exchange relevant information with my external plan manager	☐ Yes ☐ No ☐ Not applicable	
Exchange relevant information with my support coordinator / other providers	☐ Yes ☐ No ☐ Not applicable	
Exchange relevant information with health practitioners / pharmacy	☐ Yes ☐ No ☐ Not applicable	

Contact my emergency contact when reasonably required	☐ Yes ☐ No ☐ Not applicable	
Use email / SMS / portal for agreed communications	☐ Yes ☐ No ☐ Not applicable	
Take photographs for identification, care or incident evidence	☐ Yes ☐ No ☐ Not applicable	
Use photographs / video for public marketing	☐ Yes ☐ No ☐ Not applicable	
Use de-identified information for quality improvement	☐ Yes ☐ No ☐ Not applicable	

Publicity consent is separate
Marketing, website and social-media use requires a specific description of the image or recording, channel, duration and withdrawal arrangements. A general service consent is not sufficient.

Detailed information-sharing authority

Authorised people / organisations	_____
Information authorised for each recipient	_____
Purpose of sharing	_____
Preferred secure method	_____
Excluded information or restrictions	_____
Consent start / expiry / event ending consent	_____

Access, correction and withdrawal

Contact Shantell Sydenham on 0473 588 051 or admin@smoothstridesupport.com.au to request access or correction, change communication preferences, or withdraw consent. Smooth Stride Support will explain any lawful reason it cannot fully comply and record the request and outcome.

Use with / record in
Use NDIS-FORM-018 for advocacy; NDIS-FORM-023 for current communication and authorised-contact details; use the Privacy Access and Correction Request Form and Consent/Disclosure Register for requests and disclosures.

Agreement and signatures

Signing confirms that the document was explained in an accessible way and records the person's agreement or authority. It does not remove any legal, complaint, privacy or consumer rights.

Role	Name	Signature	Date	Authority / relationship (if applicable)
Participant / authorised representative	_____			
Smooth Stride Support representative	Shantell Sydenham / delegate			
Interpreter / witness (optional)				