



**CONSENT OF CARELEAVER  
FOR PROVISION OF INFORMATION TO THIRD PARTY**

I, [FULL NAME] \_\_\_\_\_

being the person whose details are set out in part A of this form, hereby consent to The Salvation Army (defined below) providing the information set out in part B of this form, to the person or persons named in part C of this form.

I acknowledge that:

- this consent remains in effect until The Salvation Army receives written notice from me revoking my consent; and
- the revocation of my consent does not and will not affect or impact upon the disclosure of any information by The Salvation Army that took place prior to the revocation of my consent taking effect.

By signing below, I confirm that I have given my consent to the disclosure(s) contemplated in this form freely and voluntarily.

**Part A**

Former name/s under which records may be held: \_\_\_\_\_

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

I have attached copies of my birth certificates and driver's licence.

**Part B**

Full name of person to whom information of PART C may be provided: \_\_\_\_\_

\_\_\_\_\_

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

Relationship to me (if any) \_\_\_\_\_

**Part C**

**Delete one option:**

Only- dates of admission and discharge from The Salvation Army home/ institution

OR

All and any documents or other information held by The Salvation Army about my stay at The Salvation Army home/institution (if neither option is deleted, then only the dates of admission and discharge, if this information is held, will be disclosed to the third party)

SIGNED BY THE CARELEAVER/DATE: \_\_\_\_\_