



## Consent Form

Please be advised that I, \_\_\_\_\_ give my informed consent and authorise the following person/s from All About You Disability Services, to act in a nominee capacity, for the purpose of assisting me and to share my information with, as need be:

Person authorised:			
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Participant signature		Date	
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All About You – Disability Services signature		Date	
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Person authorised:			
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Participant signature		Date	
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All About You – Disability Services signature		Date	
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Person authorised:			
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Participant signature		Date	
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All About You – Disability Services signature		Date	
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