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:

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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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| Person authorised: |  |

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| Participant signature |  | Date |  |

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| All About You – Disability Services signature |  | Date |  |