

**NB: A parent or legal guardian must sign and return a copy of this form.**

## Child consent form – Preschool funding, NSW Department of Education

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, your consent is required to collect and share personal information and health information with the NSW Department of Education (the **department**) where required for funding and support purposes. This consent form has the information you need to know.

### Privacy Notice

The department is committed to protecting the privacy of your personal information and health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (**PPIP Act**), the *Health Records and Information Privacy Act 2002* (NSW) (**HRIP Act**) and the *Privacy Act 1988* (Cth).

### What personal information and health information is collected?

As part of your child's enrolment application and in connection with your child's attendance at the Service, the Service collects personal information. This may be disclosed to and collected by the department.

The personal information may include your child's name, date of birth, sex, address, languages spoken, First Nations identity and other information about your family and household (including whether your child is one of triplets or higher order multiples). If relevant, the health information may include whether your child has any disability or additional needs, any NDIS reference number, medical records and reports.

### What if you do not give consent?

Provision of your and your child's information is voluntary. If you do not agree to your or your child's information being provided to the department, this could impact the funding and support available to the Service and your child. Please speak with your Service if you have concerns or contact the department for more information.

### Why is the information collected and how is it used?

The Service is required to disclose personal information and health information to the department to receive funding and other support for early childhood education programs for your child.

The department may use your or your child's information by sharing it with staff and third parties engaged by the department (**Third Parties**) for the purposes listed below. The department will only provide those Third Parties with as much personal information and health information as required for those purposes. If information is provided to Third Parties, the department will require them to only use the information to provide support to the Service and reporting to the department.

The department may also use your and your child's personal information for the following purposes:

- administering programs, including the assessment of eligibility for support or funding for your child for Start Strong or other programs;
- administering programs offered by the department for services, including the department engaging a Third Party to support educational outcomes for the Service including potentially for your child. In these circumstances, you also consent to the Service disclosing personal information directly to the department's Third Parties assisting with these programs;
- as part of the department's audit or evaluation of the Service or use of department funding;
- research and data analysis for future policy and program development; and
- any purpose relating to the department's statutory and government functions which may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

If relevant, the department may use your child's health information for the same purposes, including the assessment of eligibility for additional funding related to disability and inclusion programs.

#### **When is the information disclosed?**

The department will not disclose your personal information to any person unless authorised by law, or with your further consent. The department may publish material (for example, insights from enrolment information), however any such information will be de-identified.

#### **About your personal information and health information**

Your personal information and health information will be held and managed by the department in accordance with the PPIP Act, HRIP Act and Privacy Act, and subject to the department's privacy policy: [education.nsw.gov.au/rights-and-accountability/privacy](https://education.nsw.gov.au/rights-and-accountability/privacy).

More information, including the department's Privacy Management Plan, can be found on the department's privacy webpage: [education.nsw.gov.au/rights-and-accountability/privacy/privacy-information-and-forms](https://education.nsw.gov.au/rights-and-accountability/privacy/privacy-information-and-forms).

Under the PPIP Act, HRIP Act and Privacy Act, you have a right of access, correction and amendment of your personal information. To access or amend your personal information please contact the Service in the first instance, or if necessary, the department via the Privacy webpage above or the contact details below.

For information on funded programs available through the department, please speak to your Service and/or visit: [education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs](https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs).

If you have a concern or complaint about the way your information has been collected, used or disclosed you should contact the department via the Privacy webpage above, or alternatively:

Legal Services - Privacy  
NSW Department of Education  
GPO Box 33  
Sydney NSW 2001  
Telephone: (02) 7814 3896  
Email: [legal.privacy@det.nsw.edu.au](mailto:legal.privacy@det.nsw.edu.au).

## Your Consent

I agree that \_\_\_\_\_  
(the **Service**) may collect personal information and health information about me and my child or legal ward (**child**) for the purposes described in this consent form. By completing the details below and signing this consent form, I consent to the collection, use and disclosure of my, my child's, my family's and my household's personal information and health information in the manner outlined in this form. It is my responsibility to obtain the consent of other members of my household or my child's family, if I think it is required.

Note: Once provided, you may also withdraw your consent at any time by contacting the Service, and no further personal information or health information will be disclosed by the Service. However, this may impact the funding and support made available to the Service for your child.

Details of child	
Print full name of child	
Date of birth (DD/MM/YYYY)	

Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to child (e.g. mother, father, guardian)	

Signature of parent/guardian

Date (DD/MM/YYYY)

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