## Parliamentarian Representation

## **Information Sharing - Client Consent**

Version 1.2 June 2020

Name:	Date of Birth:	
Address:	Phone:	
Section 2: Authorisa	ation	
I give consent for Housin	g Connect to share my personal information	with:
Member for Parliament:		
Office Address:	Phone:	
The Enquiry Relates to:	☐ Housing Connect Services	☐ Social Housing Application
	☐ Private Rental Assistance Application	☐ Other (please detail below)
	ation will be provided to the Member for Parl understand that all personal information about n 2004.	
Signature:	Date:	
If a signature of the pe	rson providing consent is not able to be o	btained:
behalf in relation to their knowingly provide false, i	tting this form I have been authorised by the Housing Connect services. I understand it i incomplete or misleading information about the has an email) must be kept as a record.	s an unlawful fraudulent activity t
Please send this completed	form as part of your constituent enquiry to:	
Minister.Jaensch@dpac.ta		

