



Collection Statement

By providing us with the requested information, you (or your authorised representative) agree that SPELD NSW Inc. ABN 508 090 871 (we, our, us) may collect, use and disclose your personal information (including sensitive information or health information) for: (a) providing our services and conducting business activities, including psychological assessments relating to the assessment and management of dyslexia or other learning difficulties; (b) communicating with you, your authorised representative, or related parties (including doctors, tutors, and teachers) in relation to our services; (c) providing a referral database for professionals and tutors; and (d) other purposes as specified in our privacy policy.

Your information may also be used for secondary purposes, where that purpose is related (or for sensitive information, directly related) to the primary purpose, or where permitted by the Privacy Act 1988 (Cth) or the Health Records and Information Privacy Act 2002 (NSW) (Privacy Laws).

Personal information we may collect includes your name, gender, date of birth, contact details, qualifications, education history, health history and results of health assessments. From time to time we may also collect information from treating doctors, teachers and tutors. If we do not collect sufficient information, we may be unable to provide you with the services requested by you.

Your personal information (including sensitive and health information) may be shared with subcontractors and third parties, including psychologists or healthcare professionals and employees, contractors or consultants of SPELD NSW Inc or a related organisation (being any related body corporate of SPELD NSW Inc or a member of AUSPELD (the Australian Federation of SPELD Associations)), who assist us to provide our services or activities to you. By providing us with the above information you (or your authorised representative) acknowledge and consent to the transfer of your information to third parties, including to third parties in a jurisdiction other than New South Wales or to a Commonwealth entity.

We are committed to ensure all personal, sensitive and health information is held in a confidential and is protected in accordance with Privacy Laws and the requirements of our privacy policy.

Our privacy policy also contains information about how you may contact us to make a complaint about our handling of your personal information, or to access or correct the personal information we hold for you. Our privacy policy is available on request, or on our website at speldnsw.org.au.



YOUR ACKNOWLEDGEMENT AND CONSENT

By signing this form you confirm that you have read and understood the above information. Please also confirm (by marking the relevant boxes below) that you consent to the following matters:

I consent to the collection, use and disclosure of my (or my child/ward's) personal information (including health and sensitive information) on the terms outlined above and in our privacy policy; and

I consent to the transfer of my (or my child/ward's) health information to persons or bodies in a State or Territory outside of New South Wales or to a Commonwealth agency, where necessary for the purposes outlined above and in our privacy policy.

Signature

Name (please print):

Name of child/ward (if applicable):

Date: