

Please use a pen and print all entries in CAPITALS. Please tick all boxes this way

Complete Sections One, Two & Three if you are providing details on behalf of the Registrant.

Complete Sections One & Three if you are the Registrant

Section One

I being the registrant/on behalf of the registrant
(Print full name of Representative or Self) (strike out one)

("the Registrant"), hereby authorise

Applied Aged Care Solutions Pty Ltd to collect and store the Registrant's personal and health information in a database and to disclose such information to the following bodies as part of providing its *Safe Return Home* program:

(Please tick all that apply)

- Police Department Officers from the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria, Western Australia Police Services.
- I further authorise Applied Aged Care Solutions Pty Ltd to disclose the following information about the Registrant to the general public on the Safe Return Website if the Registrant has been reported as missing to the Police, Emergency Services or a Community Agency:
First Name, Sex, Photograph, Age, Suburb, Time Missing, Telephone Number of Local Police Service.

Section Two

I warrant that I am the Registrant's representative for the purposes of providing this consent, being the:

(please tick one of the following):

- (a) **Parent** of the Registrant, if the Registrant is a child;
- (b) **Next of kin** or other family member acting on behalf of the Registrant;
- (c) **Person** who generally makes decisions on behalf of the Registrant;
- (d) **Person otherwise empowered in accordance with the law** to perform any functions or duties or exercise powers as an agent of or in the best interests of the Registrant.

]
proceed to Section Three

If you ticked (d) above, please tick one of the following that describes your situation and then proceed to Section Three:

New South Wales

- Guardian** appointed in accordance with the Guardianship Act 1987 (NSW);
- Alternative guardian** appointed in accordance with the Guardianship Act 1987 (NSW);
- Enduring guardian** appointed in accordance with the Guardianship Act 1987 (NSW); or
- Person named as a guardian in a guardianship order.**

Victoria

- Attorney appointed under an **enduring power of attorney (medical treatment)** in accordance with the Medical Treatment Act 1988 (Vic); or
- Guardian** appointed in accordance with the Guardianship and Administration Act 1986 (Vic).

Section Two (continued)

Queensland

- Attorney for personal matters** appointed by the adult under an enduring power of attorney in accordance with the Powers of Attorney Act 1998 (Qld);
- Guardian** appointed in accordance with the Guardianship and Administration Act 2000 (Qld);
- The **guardianship and administration tribunal**; or
- The **court**.

Tasmania

- Guardian** or **Person responsible** appointed in accordance with the Guardianship and Administration Act 1995 (TAS).

Australian Capital Territory

- Guardian** appointed in accordance with the Guardianship and Management of Property Act 1991 (ACT).

South Australia

- Enduring Guardian** appointed in accordance with the Guardianship and Administration Act 1993 (SA); or
- Guardian** appointed in accordance with the Guardianship and Administration Act 1993 (SA).

Western Australia

- A Person who may consent to treatment under the Guardianship and Administration Act 1990 (WA); or
- Guardian or Person responsible** appointed in accordance with the Guardianship and Administration Act 1990 (WA).

Northern Territory

- Attorney appointed under an **enduring power of attorney** in accordance with the Powers of Attorney Act (NT); or
- Guardian** appointed in accordance with the Adult Guardianship Act (NT).

Section Three

Please select:

- I am the Registrant (please complete the details below)
 - I am registering for the Registrant (please read below before proceeding)
 - I also warrant that my consent to the registration of the Registrant in AACCS's *Safe Return Home* program
 - (a) accords with any expressed wishes of the Registrant prior to their loss of capacity to consent on their own behalf, or
 - (b) would accord with the wishes of the Registrant and is in the best interests of the Registrant.
- (please print clearly)

Name:

Signature: Date: / /

Address

No. and Street:
Suburb:
State: Postcode: