

 Consent Form

1. Participant Information

Full Name: _____

Date of Birth: _____

NDIS Number (if applicable): _____

Address: _____

Phone Number: _____

Email: _____

2. Purpose of Consent

This form seeks your permission to:

- Receive Horticultural Therapy services
- Share relevant information with other professionals involved in your care (e.g., support coordinators, school staff, therapists)
- Take photos or videos for documentation or promotional use (you can opt out below)
- Store and handle your personal and health information securely

3. Information Sharing

I understand that:

My information will only be shared with my consent unless required by law or if there is risk of harm.

I may request access to, or correction of, the information held about me.

My privacy will be respected in accordance with the Australian Privacy Principles.

I give permission to share my information with:

[List any services or individuals, e.g., support coordinator, school name]

4. Media Consent (Optional)

I consent to photos or videos being taken during sessions.

I consent to these being used for:

Progress documentation only

Marketing (e.g., website, brochures, social media – names will not be used)

I do not consent to photos or videos being taken or used.

5. Duration of Consent

This consent remains valid for the duration of services or until I withdraw it in writing.

6. Participant Declaration

I have read and understood the information above. I have had the opportunity to ask questions and understand that I can withdraw consent at any time.

Participant / Guardian Name: _____

Signature: _____

Date: _____

7. Provider Declaration

Therapist / Staff Name: _____

Signature: _____

Date: _____