

Consent Form: My Activity



I,

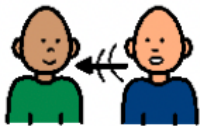
Customer Full Name

Date of Birth

Address

want to

(insert name of activity)



This Activity has been explained to me (or my Customer Representative* or legally appointed Guardian). Ability WA staff have talked with me about the activity and I understand what is going to happen and how that might affect me (the Customer).

The Activity involves these actions:

I know there are some risks, the most significant risks are:

The above may not be a complete list of the risks.



I agree to this activity and give permission for staff to organise the activity on my behalf. I know I can change my mind about the activity and tell staff not to organise it. Even after it has been organised, it is still ok for me to change my mind about doing the activity. By signing this consent, I confirm that I have a full understanding of the risks as explained to me.

Name and Signature of person giving consent
FULL NAME (please print)
Please Tick
<input type="checkbox"/> Customer <input type="checkbox"/> Customer Representative* <input type="checkbox"/> Legally Appointed Guardian
Signature
Date
Address
Mobile Number
Email

A **Customer Representative** is a person who can help a customer to make a decision, or make a decision for a customer who cannot make their own decisions, or is not older than 18 years of age.



Name and signature of Ability WA Staff Member who has completed discussion with the Customer/Customer Representative/Legal Guardian

FULL NAME (please print)

Position

Signature

Date