

CLIENT CONFIRMATION & CONSENT FORM

I _____ (full name) Date: _____

I have/ will be participating in the following assessment:

- Ongoing Support Assessment Supported Wage Assessment

Assessor Name:	
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I have received a copy of the NPA Client Handbook which provided me the following information.

- Information about the NPA Program.
 - Role of the Assessor and their experience.
 - Complaints and feedback Process .
 - NPA Code of Practice.
 - Ostara Client Service Guarantee.
 - Authority to Obtain and Release Information.
 - Program Compliance and Auditing. (tick all that apply)
- I provide consent to be contacted by an auditor to provide feedback about my assessment.
- I am happy to be contacted by Ostara Australia to provide feedback about my assessment.
- My employer for the purpose of an Ongoing Support Assessment (OSA)
- Other (please state): _____

I have read the handbook and understand the provided content.

Participant Name:	
Signature	
Contact Number	

Verbal Consent Confirmation

I _____, (full name)

- Employer | ADE Provider
- DES Provider
- NPA Assessor

received consent _____ from [participant name] on _____

They reported to have understood the information from the provide handbook and provided consent for all selected options on this form.

Signature:	
Date	

If you are unable to sign, a nominee can sign for you in this section.

Name of Nominee:	
Signature of Nominee	
Date	