the family centre

PARTICIPANT INFORMATION SIGN OFF FORM

The Family Centre programs and the way we will work together has been explained	No	Yes
My rights and responsibilities have been explained	No	Yes
I have been given a Welcome Pack to take home	No	Yes
I have been given information about how my personal information will be used and kept	No	Yes
The different ways to give feedback and make a complaint have been explained	No	Yes
The support I can expect when I leave or transition to another service has been explained to me	No	Yes
I have signed:		
The Family Centre consent form about collecting my personal information	No	Yes
The Family Centre consent form about sharing my personal information	No	Yes
Funder's Consent form (where relevant) Applicable/Not applicable (staff member to circle) N/A	No	Yes

Participants Name _____ Signed _____

Date ____ /____/____

Staff Name _____ Signed _____

Date ____ /____/____

DISCLAIMER: By typing your name in the signature field above, you understand that you are signing this consent form electronically. You agree that your electronic typed name in the signature field is the equivalent of your manual signature on this form.