



This Agreement is for people who are receiving, or will receive, benefits under the Status Resolution Support Services (SRSS) Programme. The SRSS Programme is for:

- unaccompanied minors in alternative places of detention;
- people who will be placed in community detention;
- people who will be released from detention with temporary visas; and
- people who are in the community and are referred to service providers for assistance.

Please read this Agreement carefully. If you need any assistance in understanding this Agreement please talk to your service provider or an officer of the Department of Home Affairs (the Department) who can arrange an interpreter for you.

### Am I eligible?

The SRSS Programme provides eligible people with a range of support services through contracted service providers and the Australian Government Department of Human Services (Human Services), including case worker and financial support.

Eligibility for support services under the SRSS Programme is decided on a case-by-case basis. If you are in held detention, completing this Agreement does not guarantee you will be released from detention.

### What personal information will be collected and disclosed?

During interviews, case officers and International Health and Medical Services (IHMS) collected personal and sensitive personal information from you. This information may be provided to community service providers to help them plan and manage your placement in the community. Your information will also be provided to Human Services for the purposes of administering payments under the SRSS Programme. The information may include:

- personal information:
  - contact details
  - income and assets, including information about cash and property you have in detention
  - immigration status
  - employment
  - education
  - language, and
  - accommodation including any support or accommodation available to you in the Australian community.
- sensitive personal information:
  - ethnicity
  - religion
  - details of your family members and other information about their circumstances, and
  - health needs.

### How will the Department safeguard my privacy?

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the Department's website [www.homeaffairs.gov.au/allforms/](http://www.homeaffairs.gov.au/allforms/) or offices of the Department. You should ensure that you read and understand form 1442i before completing this Agreement.

### Why are we asking for your consent?

In order to participate in the SRSS Programme, the Department needs to use and disclose your personal information, and sensitive personal information with contracted service providers and Human Services so that they can provide you with the supports, services and payments on behalf of the Department. This will require you to complete this Agreement.

### What happens to the information provided to the service provider and Human Services?

The Department's contracted service providers and Human Services are also required to only collect, use and disclose your personal information in accordance with the *Privacy Act 1988*. They are required to keep your personal information securely and limit access to those staff with a business need to know. You can get more information about the way in which Human Services will manage your personal information, including the privacy policy at [www.humanservices.gov.au/privacy](http://www.humanservices.gov.au/privacy) or by requesting a copy from Human Services.

The Department will only provide service providers and the staff of Human Services enough information to ensure you are provided with the appropriate services, supports and payments you are eligible for.

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# Status Resolution Support Services Programme Privacy notice and consent

The Department of Home Affairs (the Department) needs to collect your personal and sensitive personal information to perform functions under the *Migration Act 1958* and to provide you with support services under the Status Resolution Support Services (SRSS) Programme.

Your personal and sensitive personal information will be treated confidentially and will only be used and/or disclosed in accordance with your consent and/or the provisions of the *Migration Act 1958* and *Privacy Act 1988*. For more information about privacy please call 131 881.

Please open this form using Adobe Acrobat Reader.  
Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

Tick where applicable

### 1 Individual's full name

Family name

Given names

Date of birth

Person's ID

ImmiCard number (if applicable)

### 2 Consent

- I consent to participate in the SRSS Programme. I understand that to participate in the SRSS Programme, the Department needs to provide my personal and sensitive personal information to contracted service providers and the Department of Human Services. Personal and sensitive information includes medical information and information about my ethnicity and preferred language.
- I give consent to International Health and Medical Services (IHMS) to release my medical records and reports to the Department and contracted service providers for the consideration of suitable placement in the community.
- I understand I can withdraw my consent at any time by contacting the Department however, I understand that this would have an impact on the services provided to me. I understand that this consent will remain valid unless I withdraw it, even if I move into different bands of the SRSS Programme.

Signature of individual

Date

**OR** if a person is unable or unwilling to release the information, a guardian (if appointed) can deem the release of the information if it is in the best interest of that person

Signature of guardian

Date

Full name of guardian (block letters)

Organisation

### 3 Witness

- I saw the person sign their signature.
- I agree to not disclose any information contained in this Agreement.

Signature of witness

Date

Full name (block letters)

### 4 Was an interpreter used?

- No
- Yes  Give details

Interpreter's full name (block letters)

TIS number

- I have accurately interpreted the contents of this Agreement to the person and checked their understanding prior to them signing.
- I am aware of the confidentiality clause under which I have been engaged and agree to not disclose any information contained in this Agreement.

Signature of interpreter

Date