

# VICTORIAN RURAL GENERALIST PROGRAM

## CONSENT FORM

I, .....<first and last name>, am the partner of doctor,  
..... <doctor's first and last name> , enrolling who is registering for in the  
Victorian Rural Generalist Program (VRGP).

My partner, Doctor <insert name> and I, have requested support from the VRGP regarding our  
social, or community, or education, or training, or employment or disability support needs during the  
placementmy partner's placement in the VRGP.

I consent to the Department of Health, Victoria (and to its funded organisations or contractors)  
collecting, using and storing myour personal (including sensitive) and health information (listed  
below) for the purpose of receiving providing or organising the above-mentioned support for me.

|                                                                                                                                                                                                                                                             |                                                |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>Personal information</b>                                                                                                                                                                                                                                 |                                                |                                             |
| First name                                                                                                                                                                                                                                                  | Click or tap here to enter text.               |                                             |
| Last name                                                                                                                                                                                                                                                   | Click or tap here to enter text.               |                                             |
| Email address                                                                                                                                                                                                                                               | Click or tap here to enter text.               |                                             |
| Mobile number/Telephone number                                                                                                                                                                                                                              | Click or tap here to enter text.               |                                             |
| I live in rural or regional Victoria                                                                                                                                                                                                                        | Choose an item.                                |                                             |
| I will be moving to live in rural or regional Victoria                                                                                                                                                                                                      | Choose an item.                                |                                             |
| I identify as Aboriginal or Torres Strait Islander                                                                                                                                                                                                          | Choose an item.                                |                                             |
| I or my parents were born in Australia                                                                                                                                                                                                                      | Choose an item.                                |                                             |
| I speak a language other than English at home                                                                                                                                                                                                               | Choose an item.                                |                                             |
| I have a culturally diverse background other than<br>that indicated in the previous questions                                                                                                                                                               | Choose an item.                                |                                             |
|                                                                                                                                                                                                                                                             | Click or tap here to enter text.               |                                             |
| I identify as a person with a disability                                                                                                                                                                                                                    | Choose an item.                                |                                             |
|                                                                                                                                                                                                                                                             | Click or tap here to enter text.               |                                             |
| I would like employment, social, community,<br>sporting and recreation, disability support, further<br>education or training assistance in moving to a rural<br>or regional community. <i>(Please tick the box aligning<br/>to your support request(s))</i> | Employment <input type="checkbox"/>            | Social <input type="checkbox"/>             |
|                                                                                                                                                                                                                                                             | Sporting & Recreation <input type="checkbox"/> | Disability support <input type="checkbox"/> |
|                                                                                                                                                                                                                                                             | Education & Training <input type="checkbox"/>  |                                             |
|                                                                                                                                                                                                                                                             | Other: Click or tap here to enter text.        |                                             |

Partner name: \_\_\_\_\_

Partner signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness (other than doctor partner): \_\_\_\_\_ (signature)

Witness name: \_\_\_\_\_

### Child's or Dependant's personal information

I/We consent to the Department of Health, Victoria, or its funded organisations or contractors collecting, using and storing personal (including sensitive) and health information about my/our child(ren) or other dependant(s) for the purposes of obtaining providing or organising support from the VRGP for my/our child(ren) or other dependant(s) during the term of the my/my partner's placement in the VRGP.

| Information requested                                                           | Child's or Dependant's personal information                                            |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| First name                                                                      | Click or tap here to enter text.                                                       |
| Last name                                                                       | Click or tap here to enter text.                                                       |
| Date of birth and age                                                           | D.O.B: Click or tap here to enter text.                                                |
|                                                                                 | Age in years: Choose an item.                                                          |
| Gender or Sex                                                                   | Choose an item.                                                                        |
| Do you have a Power of Attorney or Guardianship Order for this child/dependant? | Choose an item.                                                                        |
|                                                                                 | Power of Attorney <input type="checkbox"/> Guardianship Order <input type="checkbox"/> |
| Early learning, kindergarten or childcare needs                                 | Click or tap here to enter text.                                                       |
| Schooling and year level need(s)                                                | Click or tap here to enter text.                                                       |
| Support for developmental or learning delays?                                   |                                                                                        |
| Our child/dependant identifies as a person with a disability                    | Choose an item.                                                                        |
|                                                                                 | Click or tap here to enter text.                                                       |
| Special schooling need(s) and level of support                                  | Click or tap here to enter text.                                                       |

*\*Repeat table for each child or dependant*

|                                                |  |                                                |  |
|------------------------------------------------|--|------------------------------------------------|--|
| <b>Partner's -<br/>First and<br/>Last Name</b> |  | <b>Doctor's -<br/>First and<br/>Last Name:</b> |  |
|------------------------------------------------|--|------------------------------------------------|--|

|                                           |                  |                                           |                  |
|-------------------------------------------|------------------|-------------------------------------------|------------------|
| <b>Relationship to Child or Dependant</b> |                  | <b>Relationship to Child or Dependant</b> |                  |
| <b>Signature</b>                          |                  | <b>Signature</b>                          |                  |
| <b>Date</b>                               | ___ / ___ / ____ | <b>Date</b>                               | ___ / ___ / ____ |

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