

Disability Worker Exclusion Scheme

Consent and Acknowledgment Form

I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme and has a Disability Worker Exclusion List (the List).

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary and employment history of mine, for the purposes of the department compiling and maintaining the List.

I accept that if my name is on or is placed on the List, I will be prevented from being engaged by a disability service provider (as defined in the *Disability Act 2006*) as:

A Disability Worker, being a person engaged by a disability service provider who:

- (i) provides, or supervises or manages a person who provides, direct support to a person with a disability, and
- (ii) has direct contact or access to a person with a disability

and excluded from any work at the disability service that falls within the definition of:

Excluded Work being work at a disability service:

- (i) as a Disability Worker, or
- (ii) that involves regular direct contact with or access to a person with a disability.

I agree that the department may inform any disability service provider or authorised labour hire agency that has engaged me that I am on the List, or that I am the subject of a Notification by a disability service provider.

I agree to inform **[ORGANISATION]** of the name and address of any other disability service provider I am, or intend to be, engaged by.

Full Name	
Address	
Telephone	
Email	
Signature	
Date	

[ORGANISATION] and the department are committed to protecting your privacy. **[ORGANISATION]** and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.

In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other disability service providers.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on www.dhhs.vic.gov.au/privacy

You may request to access your information that is provided to **[ORGANISATION]**. **[ORGANISATION]** can be contacted on **[insert appropriate phone number and email address]** or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.