**Information Release Form**

I, the undersigned participant or authorised representative, give permission for Savvy Renovations Pty Ltd to collect, use, and share the personal and relevant information provided in relation to home modifications under the NDIS or aged care funding schemes.

This authority includes, but is not limited to, communication with:

• The participant's NDIS Support Coordinator, Plan Manager, and other authorised NDIS representatives
• Allied health professionals including Occupational Therapists and Assessors
• Relevant service providers, tradespeople, building certifiers, engineers, and/or funding bodies
• The landlord or housing provider (if applicable), in relation to property access and permissions for modifications

This information will only be shared to the extent necessary for the planning, assessment, quotation, and delivery of home modifications or associated services.

I understand this authority remains valid unless I withdraw it in writing.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Representative Name:

Date:

Relationship to Participant (if not self):