

STEADY GUIDE

Third-Party Data Sharing Consent Request Form

Form Ref: SG-PRIV-FRM-2026-v10 | **Applicable APPs:** APP 1, APP 3, APP 5, APP 6, APP 11, APP 12 & APP 13 | **NDIS Practice Standards:** Outcome 1.3

Notice & Purpose: This form must be submitted and approved prior to disclosing or sharing any private stakeholder chat records, transcripts, or participant data with third parties. Sharing data with third parties strictly requires explicit consent from both Steady Guide Management and the Participant / Nominee.

1. APPLICANT INFORMATION (AUTHORISED PERSON & MANAGER)

Authorised Person Name:	Role / Title:
Email Address:	Phone Number:
Manager / Supervisor Name:	Manager Title / Department:
Manager Email Address:	Manager Phone Number:
Authorised Person Signature & Date:	Manager Signature & Date:

2. PARTICIPANT & CLIENT DETAILS

Participant Full Name:	NDIS Plan Number:
Client / Organisation Name:	Support Coordinator / Key Contact:

3. NOMINATED THIRD-PARTY RECIPIENTS (UP TO 3 NOMINATIONS)

Full Name	Role / Organisation	Email Address	Phone Number
1.			
2.			
3.			

4. SCOPE OF SHARED DATA & DISCLOSURE PURPOSE

☐ Full Chat Transcripts (Unedited logs)	☐ Action Summaries (Decisions & outcomes)
☐ File Attachments (Shared media/docs)	☐ De-identified Excerpts (Anonymised data)
☐ Specific Date Range: _____	☐ Other (Specify): _____

Primary Purpose for Disclosure (Detailed Justification):

Please provide a detailed explanation of why this chat data is required by the nominated third parties:

5. STATUTORY PRIVACY TERMS & GOVERNANCE

1. Voluntary Consent:

2. Purpose Limitation:

3. Australian Data Sovereignty & AI Ethics:

4. NDIS Record Keeping:

6. AUTHORISATIONS & DUAL APPROVALS

Part A: Participant / Nominee Consent I confirm that I have read and understood this request, and I consent to the disclosure of the specified chat data to the nominated third parties. Full Name: _____ Signature: _____ Date: _____ Relationship: _____ Phone: _____	Part B: Steady Guide Management Approval I confirm that this disclosure request has been reviewed against NDIS Practice Standards and APPs, and is formally approved. Approved By (Manager): _____ Approval Status: ☐ Approved ☐ Declined Signature: _____ Date: _____
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