

# LIVING WITH NETS PROGRAM

## Participant Consent Form

I,	(FULL NAME)
OF	(ADDRESS/POSTCODE)
	(EMAIL)

By consenting to participate in the Living with NETS (NeuroEndocrine Tumours) program run by Neuroendocrine Cancer Australia.

I understand that:

1. NeuroEndocrine Cancer Australia may wish to record each session, to share the recordings internally for training and improvement purposes, and also with participants registered who may not be able to attend.

Yes No

2. Recording of the sessions by NeuroEndocrine Cancer Australia will see personal information (which may include health information) that is contained in any recordings for the purposes described in item 1, handled in accordance with NeuroEndocrine Cancer Australia's Privacy Policy. This is available on our website. <https://neuroendocrine.org.au/privacy/>

Yes No

My feedback may be used in training and marketing material to assist with program improvements and to promote the program. My full name will not be used.

I consent to NeuroEndocrine Cancer Australia using my feedback this way

Yes No

By signing this form, I agree to NeuroEndocrine Cancer Australia collecting, using and holding my personal information, including health information for the purpose of this program in accordance with NeuroEndocrine Cancer Australia's Privacy Policy. <https://neuroendocrine.org.au/privacy/>