



## Client Consent Form

Client's name:

I \_\_\_\_\_, D.O.B. \_\_\_\_\_

give consent for \_\_\_\_\_ to:

- Provide my details to Odyssey House NSW Community Services for the purpose of referral.
- Odyssey House NSW Community Services to provide feedback to the referring agency regarding my engagement in services.

Please tick the Odyssey House NSW Community Services location this referral is for:

Central and Eastern Sydney: Odyssey House NSW Community Services  
Suite 2 / 199 Regent Street, Redfern NSW 2016

Central and Eastern Sydney: Odyssey House NSW Community Services  
Unit 3 / 190 - 192 Canterbury Road, Canterbury NSW 2193

South Western Sydney: Odyssey House NSW Community Services  
Level 2, 121 Queen Street, Campbelltown NSW 2560

Outreach Service Sites:

Bowral

Fairfield

Sydney North: Odyssey House NSW Community Services  
24 Olga Street, Chatswood NSW 2067

Outreach Service Sites:

Manly

Pymble

Western Sydney: Odyssey House NSW Community Services  
Suite 3, Level 3 / 83 Flushcombe Road, Blacktown NSW 2148

Outreach Service Site:

Doonside

Baulkham Hills

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent authority will cease upon the Client's exit from Odyssey House NSW Community Services engagement.**