

**Graphic/icon: TELL YOUR STORY/  
keep Australia fair**

**STORY COLLECTION FORM**

What type of payment are you on? \_\_\_\_\_

What change has happened?

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When? \_\_\_\_\_

How has it affected you?

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(You can add as many extra pages as you like to tell your story)

Can someone from Port Phillip Community Group contact you? Yes/No

If yes, please read the privacy consent below, and sign.

### Privacy and consent

We respect your right to privacy. This project complies with national and state laws that protect your privacy.

We will make sure that we do not share your name or any other information that could identify you with anyone else. We will also make sure that the information you give us is stored securely.

We will not give your contact details to anyone else unless we get your permission first.

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Note to workers:

If the client gives their verbal consent but does not want to sign, you can read the above statement and sign that they gave verbal consent

Workers signature: \_\_\_\_\_

If a worker has helped fill in this form, please complete below

Organisation Name \_\_\_\_\_

Workers first name \_\_\_\_\_

