



Consent to Test Form

Please read this form carefully and complete Page 2

Medical – Privacy Notice

Information Privacy Principle 2 [IPP2] Privacy Act 1988

The Department of Defence through the Defence Force Recruiting (DFR) and its contracted service providers are collecting the personal information about you and, to a certain extent, your family members to assess your suitability and/or overall health and fitness for service in the ADF.

The information will be used:

- to process and manage all health aspects of your recruitment and enlistment or appointment to the ADF if your application is successful.
- to assist in the Defence Force Recruiting's audit which assesses and determines compliance with ADF recruitment medical policies and procedures.

If you do not consent to collection of information your medical suitability for entry to the ADF cannot be determined and your application cannot be progressed.

If your recruitment to the ADF is successful this information will be transferred to the Defence Health Service (DHS) and its contracted service providers on your entry to the ADF. Your entry level medical examination (ELME) is the beginning of a health record covering all ADF service inclusive of the medical recruitment process. The health record will include the collection of additional medical information and records inclusive of, but not limited to, immunisation records, pathology results, hospitalisation records, medical examinations and specialist opinions. This information will be used to record your medical history which will assist in the provision of health care and for ongoing assessment of your medical fitness for military service. The term health relates to both medical and dental records.

Two copies of your health record will be maintained to ensure that you are not disadvantaged if your medical record is lost or damaged:

- one copy is held at the ADF health facility in which you are serving; and
- another copy is held at the ADF Health Records Office for Navy and Air Force, or Army as appropriate.
- for Army Reserve personnel, only one copy of health records is maintained.

Medical information will be managed by health personnel and administrative staff employed by, or contracted by, the ADF to provide health support and advice to the ADF.

The DHS also collects medical information for the following purposes:

- to provide, plan, monitor and coordinate health care for all ADF members;
- to assist in the management of claims in relation to repatriation, compensation, invalidity or other matters arising from service in the ADF;
- to establish an occupational health database;
- to contribute to group data for research and health studies; and
- to assist the DHS in developing enlistment standards and to ensure they meet ADF requirements.

Collection, storage and use or disclosure of your personal information is subject to the Information Privacy Principles ('IPPs') as set in Section 14 of the *Privacy Act 1988*, referred to in this document as (*the Act*).

You will be entitled to have access to your personal information held by Defence Force Recruiting Centre (DFRC) or DHS and its contracted service providers in accordance with the terms of the Act and correct any information if it is incorrect.

Applicants can obtain information regarding access to personal information by contacting your local DFRC. ADF personnel can obtain information regarding access to medical information by contacting the Senior Medical Officer at an ADF health facility.

For the above purposes and for related purposes, DFRC or DHS and its contracted services providers usually gives some or all of this information to:

- other contracted medical and mental health providers who provide services to Defence;
- Recruiting Officers and ADF Personnel Managers; and
- the Department of Veterans Affairs who will assume responsibility for continuous management of your medical records for the life of the record, following your separation from the ADF.

Except as provided in the Act, these agencies and organisations will not use or disclose your personal information, without your express permission, for the purpose other than the purpose for which the information was given to them.

Testing - Privacy Statement and Confidentiality of Information

The information sought by Defence Force Recruiting (DFR) on your application to join the Australian Defence Force (ADF) will contribute to the assessment of your suitability for employment in the ADF and to research directed at improving the recruitment process. The information is confidential within certain legislative limitations. For example, your personal information may be disclosed to the ADF and authorised agents involved in the ADF Recruitment process, the Australian Federal Police, or any person with a lawful entitlement to obtain the information.

We (or the ADF) may also disclose your personal information to any Commonwealth Department, agency, authority or Minister for use in connection with assessment or management of, or research concerning, the ADF recruiting process.

On Enlistment or Appointment your completed application will be retained by the Department of Defence as part of your personal record. If your application is not successful, the information will be retained in accordance with the Privacy and Archive Acts, and National Privacy Principles. The "Privacy Collection Statement" is available at www.defencejobs.gov.au or can be obtained from your DFR Centre.

By signing this form you agree to the use of your personal information in accordance with DFR Collection Statement.

FORM CONTINUES OVER PAGE – SIGNATURE(S) REQUIRED ON PAGE 2



| Access to Education Information | | |
|--|--|--|
| My Student number is | | |
| I hereby give my express approval that all or part of the information contained on my school certificate issued to me after completion of my secondary examinations, and on any other documents issued to me relating to my assessment results, may be available to DFR for purposes of assessment of my suitability for entry into the ADF. | | |

| Applicants Acknowledgement and Consent | |
|---|----------------|
| I acknowledge that I have read and understand all the information contained in the application. | |
| I declare that to the best of my knowledge all information supplied on my application, and any attachments, is correct and that I have not withheld, or deliberately distorted, information likely to prejudice my application for entry into the ADF. | |
| I consent to the release of information in my name, and relevant to my application for entry into the ADF to DFR. Without limiting in any way the type of information to be released I recognise that it could include previous Military Records, Psychological Records, Medical Records and Police Records both in Australia and overseas. | |
| The medical selection process for ADF entry will consist of: <ul style="list-style-type: none"> • an assessment of your medical history; • a medical examination (known as an ELME) conducted by a medical practitioner who is contracted to provide a service to the ADF (a medical examination is defined as an examination of the body of an applicant to determine the presence or absence of physical problems); and • specialist opinions or other investigations required for specific military occupations or to make an assessment on your suitability for ADF entry. | |
| Results of medical examinations | |
| I understand that all results will remain strictly confidential and will only be used or disclosed in accordance with the Information Privacy Principles enumerated in the <i>Privacy Act 1988</i> . | |
| I request that in the event of my physical medical examination returning abnormal results indicating a possible medical problem, the results be forwarded to me and/or the medical practitioner nominated below. | |
| In the unlikely event of returning a positive blood result I understand I will be initially informed of my result by the DFR medical officer. I request that my results be forwarded to the medical practitioner nominated below. | |
| I will consult with the nominated medical practitioner regarding follow up and further management. | |
| Medical Practitioner | Address |

THIS SECTION MUST BE COMPLETED AND SIGNED

| Applicant Consent - I acknowledge I have read and understood the above privacy notice and give my consent | | | |
|---|--|----------------------|--|
| Name of Applicant | | Date of Birth | |
| Signature of Applicant | | Date Signed | |

IF YOU ARE UNDER 18 YRS, THIS SECTION MUST BE COMPLETED PRIOR TO YOUR SESSION
To be completed by Parent or Legal Guardian only

| Certification of Parent or Legal Guardian (if applicant is under 18 years of age) | | | | | |
|---|----------------------------|------------------|-----------------|-----------------------|--|
| I declare that | (Insert Name of Applicant) | | | | |
| Has my consent to apply for enlistment or appointment in the Australian Defence Force and that I am legally able to provide such consent. | | | | | |
| Name of Parent/Legal Guardian | | | | Contact Number | |
| Address | | | Postcode | State | |
| Relationship to Applicant | | Signature | | Date | |