

# Consent for Chaplaincy Services

Sharon Mackenzie ABN 64 980 520 433

## Individual Consent Form

I, the undersigned, hereby give my consent to receive Chaplaincy Services from Sharon Mackenzie (ABN 64 980 520 433). I understand that these services are intended to provide emotional, spiritual, and pastoral support. My participation is voluntary, and I may withdraw my consent at any time. I acknowledge that all information shared during sessions will be kept confidential, except where disclosure is required by law or necessary to prevent harm.

Name	Signature	Date
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## Workplace Consent Form

We, the undersigned workplace/organization, provide our consent for Sharon Mackenzie (ABN 64 980 520 433) to deliver Chaplaincy Services to our staff and/or stakeholders. We understand these services are designed to support the well-being, morale, and spiritual needs of our organization. Participation in these services by employees or stakeholders is voluntary, and confidentiality will be maintained in accordance with legal and ethical standards, except where required by law or to prevent harm.

Organization Name	Authorized Representative	Signature	Date
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