



Community Postvention Response Service (CPRS)

Postvention Community Working Group (PCWG) Privacy Agreement

As a member of the _____ Postvention Community Working Group (PCWG), I understand and agree to abide by the principles of the Privacy Act (2020), the Health Information Privacy Code (2020) and the CPRS PCWG Privacy Guidelines.

Signed:

Name:

Organisation:

Date:

