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| **Emergency shelter:** |  | **Date:** |  |
| Each individual visitor must complete this form. Consent:  * By completing this form, I acknowledge that I understand the shelter’s rules and procedures and agree to adhere to them during my visit. * I also consent to the collection of this information for safety and emergency purposes.   The information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that the right to privacy is maintained for everyone. For more information, go to the Department of Education and Training’s [Policy and Advisory Library](https://education.nt.gov.au/policies) and read the Privacy Policy. | | | |

| Name | Organisation | Phone number | Reason for visit | Time in | Signature | Time out |
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