



FORM OF AUTHORITY

Release of information to an external agency

Do you want another person, or an organisation to be able to make enquiries about your application on your behalf?

If you get help from a support service, health professional or other individual you can provide their details here if you want them to be able to speak to us about your application. You can change your mind about this at any time.

| | | | |
|-----------------------------|----------------------|-----------|----------------------|
| Organisation name (if any): | <input type="text"/> | | |
| Person's name (if any): | <input type="text"/> | | |
| Street name and number: | <input type="text"/> | | |
| Town or Suburb: | <input type="text"/> | Postcode: | <input type="text"/> |
| Telephone: | <input type="text"/> | | |
| Email address: | <input type="text"/> | | |

What type of support do they provide?

Do you consent to us contacting the person above about your application?

No Yes

When we write to you, do you want a copy of the letter sent to your support person?

Please speak to them about this first, so that they can expect to receive copies of letters we send you.

No Yes

| | |
|---------------------------|----------------------|
| Applicant Number | <input type="text"/> |
| Applicant's Full name | <input type="text"/> |
| Applicant's Date of Birth | <input type="text"/> |
| Applicant's Signature | <input type="text"/> |
| Date | <input type="text"/> |