AUTHORITY TO ACT ON EMPLOYEE'S BEHALF

This form is to be used when an employee authorises or withdraws authorisation for another person to act on their behalf, or assist them in the management of their worker's compensation claim.

Another person may include:

- A legal representative
- Family member
- Union delegate

This form also allows the employee to revoke any previous authorities for a representative to deal with their claim.

PART A

Employee's details

Full name:	
Claim Number:	
DOB:	
Residential Address:	
Phone:	

If you are appointing an authorised representative, please go to **Part B**

If you are withdrawing the appointment of an authorised recipient, please go to **Part C**

PART B

Employee's declaration – appointment of authorised recipient

I declare that the information I have supplied in this form is true and accurate. I am aware that I must notify my employer (Employer:_____) in writing if I wish to amend or revoke this authority.

I, _____, authorise the person nominated below to:

- ☐ act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including, but not limited to, claiming benefits, requesting reviews and requesting personal information)
- ☐ discuss any matters relating to my claim, via electronic communication, written correspondence and/or telephone

Signature: _____ Name: _____

Date: _____

REPRESENTATIVE'S DETAILS

Title (e.g. Mr, Mrs, Ms) _____ Family name _____

Given name(s) _____

Date of birth _____ **(for identification purposes only)**

Postal address _____

State _____ Postcode _____

Contact number _____ Email address_____

Relationship to worker_____

PART C

Employee's declaration – appointment of authorised recipient

I declare that the information I have supplied in this form is true and accurate. I am aware that I must notify my employer (Employer:_____) in writing if I wish to amend or revoke this authority.

I, _____, no longer authorise the representative listed below to:

- ☐ Act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including but not limited to claiming benefits, requesting reviews, and requesting personal information)
- ☐ discuss any matters relating to my claim, via electronic communication, written correspondence and/or telephone

Signature: _____ Name: _____

Date: _____

REPRESENTATIVE'S DETAILS

Title (e.g. Mr, Mrs, Ms) _____ Family name _____

Given name(s) _____

Date of birth _____ **(for identification purposes only)**

Postal address _____

_____State _____ Postcode _____

Contact number _____ Email address_____

Relationship to worker_____