

PURPOSE OF THIS FORM

To allow another person or organisation to enquire or act on your behalf when dealing with the Long Service Corporation. The person you nominate can be anyone above 18 years of age, such as a relative, a friend or legal representative.

Your representative will be able to make enquiries, lodge forms you have signed and provide information to us about you. This form allows you to limit the details your representative can access and discuss about your long service record. You can also specify the date this authorisation will expire.

1. PERSONAL DETAILS

Worker Registration Number

W																			
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

D			M			Y						
---	--	--	---	--	--	---	--	--	--	--	--	--

First Name/s

Family Name/s

Number and Street or PO Box

Suburb/Town

State

--	--	--

Postcode

--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

2. REPRESENTATIVE'S DETAILS

Representative's First Name/s

Representative's Family Name/s

Number and Street or PO Box

Suburb/Town

State

--	--	--

Postcode

--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

Relationship to you (eg father, sister, friend, employer, tax agent etc)

Date of Birth of Representative

D			M			Y						
---	--	--	---	--	--	---	--	--	--	--	--	--

NOTE: Long Service Corporation will use this information to confirm your representative's identity.

COMPLETE SECTIONS OVER THE PAGE

LONG SERVICE CORPORATION REPRESENTATIVE AUTHORITY FORM

3. IS THERE INFORMATION YOU DO NOT WANT US TO DISCUSS WITH YOUR REPRESENTATIVE?

If you need more space, attach a separate sheet with details.

Tick the appropriate box **No** - Go to next question **Yes** - Give details below

4. REPRESENTATIVE'S AUTHORITY

Do you want your representative to be able to provide us with new contact details for you?

No **Yes**

Do you want this authority to end on a set date?

You can end this authority at any time by writing to us at the address shown on Part 7 of this form.

No - Go to next question **Yes** - Date you want the authority to end

D			M			Y				
---	--	--	---	--	--	---	--	--	--	--

! PRIVACY AND YOUR PERSONAL INFORMATION

Your personal information is protected by law, including the Privacy Act 1988, and is collected by Long Service Corporation for the administration of payments and service.

Your information may be used by Long Service Corporation or given to other parties for the purposes of investigation or where you have agreed or it is required or authorised by law.

For more information about the way in which Long Service Corporation will manage your personal information, including our privacy policy, visit our website at www.longservice.nsw.gov.au or request a copy by contacting us on **13 14 41**.

5. DECLARATION BY WORKER

I declare that the information I have given in this form is true and correct. I understand that giving false or misleading information is a serious offence.

Name Signature

Date

D			M			Y				
---	--	--	---	--	--	---	--	--	--	--

6. DECLARATION BY REPRESENTATIVE

IMPORTANT: Make sure you read the **Privacy and your personal information** section above.

I declare that I undertake to act as representative for the person named.

Representative's Name Representative's Signature

Date

D			M			Y				
---	--	--	---	--	--	---	--	--	--	--

7. RETURN

Please complete and return to:

 **Scan and email** to info@longservice.nsw.gov.au **or**  **Post** to Locked Bag 3000, Central Coast MC, NSW 2252