

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. You can end this authority at any time by sending us a written request, either by post or email.

PART 1 - PERSONAL DETAILS

Worker Registration Number
W

Date of Birth
D M Y

Given Name

Family Name

Number and Street or PO Box

Suburb/Town State Postcode

Phone

Mobile

Email

NOTE: Long Service Corporation will use the following information to confirm your representative's identity. If you have more than two representatives, please provide their details on a separate page.

PART 2 - REPRESENTATIVE'S DETAILS

REPRESENTATIVE 1

Representative's Given Name

Representative's Family Name

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

DECLARATION BY REPRESENTATIVE 1

I declare that I undertake to act as representative for the person named in PART 1.

Representative's Name

Representative's Signature

Date
D M Y

LONG SERVICE CORPORATION REPRESENTATIVE AUTHORITY FORM - PERSONAL

PART 2 - REPRESENTATIVE'S DETAILS (CONTINUED)

REPRESENTATIVE 2

Representative's Given Name	Representative's Family Name		
<input type="text"/>	<input type="text"/>		
Number and Street or PO Box			
<input type="text"/>			
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Phone	Mobile		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email			
<input type="text"/>			
Relationship to you (eg father, sister, friend, employer, tax agent etc)		Date of Birth of Representative	
<input type="text"/>		D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

DECLARATION BY REPRESENTATIVE 2

I declare that I undertake to act as representative for the person named in PART 1.

Representative's Name	Representative's Signature
<input type="text"/>	<input type="text"/>
Date	
D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

IMPORTANT: PRIVACY AND YOUR PERSONAL INFORMATION

Your personal information is protected by law, including the *Privacy and Personal Information Protection Act 1998*, 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 Long Service Corporation will manage your personal information, visit our website at www.longservice.nsw.gov.au or request a copy of our Privacy Management Plan by contacting us on **13 14 41**.

PART 3 - 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
<input type="text"/>	<input type="text"/>
Date	
D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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



INTERPRETER SERVICES

If you need an interpreter, call **TIS National** on **13 14 50** and ask them to call **Long Service Corporation** on **13 14 41** or for more information visit www.tisnational.gov.au

