



## AUTHORISED REPRESENTATIVE APPLICATION

This form is for an eligible employee to grant a person authority to obtain information about their long service leave record.

### 1. ELIGIBLE EMPLOYEE GRANTING AUTHORITY

LSL Number	<input type="text"/>				
Surname	<input type="text"/>	First name	<input type="text"/>		
Date of birth	<input type="text"/>	Contact number	<input type="text"/>		
Email	<input type="text"/>				
Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

### 2. AUTHORISED PERSON

I authorise	<input type="text"/>				
Date of birth	<input type="text"/>	(Required for identification purposes)			
Contact number	<input type="text"/>				
Email	<input type="text"/>				
Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

### 3. EMPLOYEE'S DECLARATION

*I authorise the above nominated person to obtain information regarding my long service leave record.*

Employee's signature	Date	<input type="text"/>
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Email your completed form to: [query@coallsl.com.au](mailto:query@coallsl.com.au)

#### About your authorisation

- ▶ You may withdraw your authority at any time.
- ▶ Your authorised representative must be aged 18 or older.
- ▶ We are not obliged to recognise your authorised representative. We will not liaise with your preferred representative if we think they are not acting in your best interests or behaves unreasonably when liaising with us.

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