Third party authority

Privacy and Personal Information Protection Act 1989 (NSW) / Health Records and Information Privacy Act 2002 (NSW)

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| **PURPOSE**: This form provides express consent for UTS to collect or disclose personal or health information from or to a third party nominated by the individual the information relates to. Additional details can be attached where required.  A third party is any individual or organisation that is not the individual information relates to. The nominated third party may be required to confirm their identity before UTS will interact with them.  The Applicant on this form is the individual the personal or health information relates to.  **LODGING THIS FORM**: Send your completed form to the area of UTS you are liaising with. |

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| Applicant | | | | | |
| Applicant’s full name |  | | | | |
| Student number (if applicable) |  | Staff number (if applicable) | |  | |
| Contact details | Postal address: | | | | |
|  | | | | |
| Phone: | | | | |
| Email address (optional): | | | | |
| Proof of Identity | Please provide a **certified** copy of **one** of the following “current” documents: | | | | |
| Australian driver’s licence  Australian passport  Other [Specify]: | | Proof of Age card  UTS student or staff ID card | | |
| applicant DECLARATION | | | | | |
| **Privacy notice**: Information provided on or with this form will be used to verify the identity of the applicant and third parties concerned, contact those individuals to clarify any aspects of this consent, and manage the liaison between the individuals and UTS based on the consent provided. For further information about privacy, see [Privacy at UTS](https://www.uts.edu.au/about-uts/uts-governance/privacy/) | | | | | |
| **Declaration:** I hereby authorise the third party nominated below, to act on my behalf in relation to: [*specify the purpose of this*  *consent*]:  .  This consent will remain in force until [*specify date*]:       or until it is rescinded, amended, or replaced by me. | | | | | |
| Signature | | | | | Date |

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| Nominated third party | |
| The third party may be required to also prove their identity before any action in relation to this consent is undertaken. | |
| Third party’s full name |  |
| Organisation name (if applicable) |  |
| Contact details | Postal address: |
|  |
| Phone: |
| Email address (optional): |