

Authority

SURNAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: _____

Applicant Declaration

I, _____ hereby authorise (*employers name*) to contact Coal Mines Insurance Pty Ltd and any relevant Work Cover Authority or Industry Insurer within Australia, with a view to conducting a check on my workers compensation history.

I hereby consent and authorise Coal Mines Insurance Pty Ltd and any applicable Work Cover Authority or Industry Insurer to furnish details of and discuss my workers compensation history with (*employer name*).

I understand that the information obtained through this workers compensation history check may be used by (*employer name*) to assess my suitability for employment with (*employer name*) and that the information provided may include personal information and/or health information about me.

Signed: _____

Dated: _____

Witness: _____

Witness name (print): _____

Dated: _____