



TRANS-HELP FOUNDATION AUTHORISATION FORM

Date:				Client No:				
CLIENT INFORMATION								
Client's Last name:		First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status:		
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>		
Is this your legal name?	If not, what is your legal name?		(Former name):		Birth date:	Age:	Sex:	
Yes <input type="checkbox"/> No <input type="checkbox"/>							<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Tax File no.:		Home phone no.:			
					()			
P.O. Box:		City:		State:		Post Code:		
Occupation:		Employer:			Employer phone no.:			
					()			
Spouse/Next of Kin Name		Address			Phone No:			
					()			
Authorisation permitted for the following: (Please tick what is applicable.)								
<input type="checkbox"/> All <input type="checkbox"/> Employer <input type="checkbox"/> Medical <input type="checkbox"/> Superannuation <input type="checkbox"/> Legal <input type="checkbox"/> Financial <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Child Support								
AUTHORISATION INFORMATION								
Person on behalf of Client authorising this representation: (if different to the Client specified in this authorisation)								
Name		Birth date:	Address (if different):			Home phone no.:		
						()		
Relationship to Client:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other			
Employer No:		WorkCover No:	TWU No:		Superannuation No:	Insurance No.:		
IN CASE OF EMERGENCY								
Name of local friend or relative (not living at same address):				Relationship to Client:		Home phone no.:	Work phone no.:	
						()	()	
<p>The above information is true to the best of my knowledge. I authorise a representative of the Trans-Help Foundation Ltd to make enquiries, obtain information and act on my behalf in the same capacity as myself. This includes obtaining documentation, information, liaising on my behalf and representing me. If this authority is to be revoked it will be in writing to any agency in which this authorisation has been supplied to. I understand that all information obtained will be held in the custody of the Trans-Help Foundation and at any time I can request all documentation including a list of Agencies this Authorisation has been supplied to. I also understand and agree that any costs incurred by any Agency will be my responsibility and not that of the Trans-Help Foundation. I also understand that no action will be taken by the Trans-Help Foundation that could result in a financial cost without liaising with me for consent to proceed with such action.</p>								
Client / Guardians Name				Representatives Name				

Date

Date