



New South Wales Government

Attorney General's Department
Victims Services

VCT Claim No

**AUTHORISING A PERSON
TO ENQUIRE OR ACT ON YOUR BEHALF**

YOUR DETAILS

Title

Family Name

Given Names

Date of Birth

Address

Contact Phone no

I authoriseto act on my behalf, to make enquiries and to receive written communication in relation to this application.

In providing this authorisation I consent to:

- Victims Services **exchanging information** about this application with the authorised person
- Victims Services **exchanging personal information** about me for the purpose of this application
- The authorised person **making decisions** in relation to the processing of this application
- The authorised person **receiving payments** on my behalf.

(If you do not consent to any of the above please cross out and initial)

Your signature

Date

IMPORTANT

Only one person can be authorised on this form.

It is your responsibility to ensure that the person you have given authority to makes enquiries on your behalf and is aware of what you are allowing them to enquire about, and any limitation you may place on this authority.

Authorising a person to enquire or act on your behalf does not take away your right to contact Victims Services if you need to.

The authorised person will not be permitted to request that any application be withdrawn without the written consent of the applicant.

AUTHORISED PERSON TO COMPLETE:

Title

Family Name

Given Names

Date of Birth

Address

Contact Phone no

I have read and understand and accept the responsibilities for which I am authorised.

Signature of the authorised person

Date

Completed form to be returned to:

Victims Services
Locked Bag 5118
Parramatta NSW 2124

or you can fax to: (02) 8688 9630

Phone (02) 8688 5511

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