

Third Party Authority Form – CQ Home Assist Secure



Privacy Notice: Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when a client would like to authorise or cancel authorisation for another party to act on their behalf to manage their home maintenance and home modification services with CQ Home Assist Secure.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | ABN: 59 923 523 766

Client Details <i>(These details will be utilised to update client's record)</i>		
Client name:		
Date of birth:		
Preferred contact number:		
Email:		
Residential Address		
Street number and name:		
Suburb:	State:	Postcode:
Postal address <i>(if different)</i> :		
Request Details		
Request type: <input type="checkbox"/> Approve authority <input type="checkbox"/> Cancel authority		
Nominated Representative Details		
Representative One		
Contact name:		
First	Middle	Last
Date of birth:		
Relationship to client:		
Preferred contact number:		
Email:		
Street number and name:		
Suburb:	State:	Postcode:
Postal address <i>(if different)</i> :		

OFFICE USE ONLY	Receiving officer:	Date:
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Representative Two *(if applicable)*

Contact name:

First	Middle	Last
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Date of birth:

Relationship to client:

Preferred contact number:

Email:

Street number and name:

Suburb:	State:	Postcode:
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Postal address *(if different)*:

Security Details

If you would like to assign a password to the account, please nominate here:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

If this request is related to Power of Attorney permission, please provide a copy of the supporting documentation.

Declaration

I authorise the representatives listed on this form to be provided with information regarding my registration with CQ Home Assist Secure; to request maintenance and/or modifications services on my behalf and to liaise with CQ Home Assist Secure staff and registered CQ Home Assist Secure contractors regarding my maintenance and/or modifications services.

I understand the representatives:

- Will have access to my personal information until I advise CQ Home Assist Secure that I wish to cancel or amend this arrangement; and
- May be required to pass a security check to access my information.

I declare that the details on this form are correct to the best of my ability.

Name:	Signature:	Date:
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