

Authority to Release Employment Records

Dust Diseases Care requires access to your apprenticeship and/or employment records to determine your application. Please complete this authority form to allow Dust Diseases Care to access those records.

1. Your details

First name

Middle name

Surname

Date of birth

Address (street & number)

Suburb/Town

State

Post code

Country

Home telephone

Mobile

2. Your authority

I authorise Dust Diseases Care to access and obtain copies of any and all of my apprenticeship and/or employment records to assist in the proof and settlement of my compensation claim. A photocopy of this authority form can be acted upon as if it were the original.

Signature

Date

Office use only

DDC File number

Date Received