

Authorising a person to enquire or act on your behalf with the Department of Employment and Workplace Relations

# Authorising a person to enquire or act on your behalf does not prevent you from contacting the Department (‘nominee arrangement’).

# When to use this form

Use this form to authorise a person to enquire or act on your behalf when contacting the Department of Employment and Workplace Relations (DEWR)(*the department*).

# Nominee permitted to access

A nominee is required to only use the information we give them according to the limitations of the arrangement.

* + - * A nominee is permitted to: make enquiries, request changes or updates related to services you receive and seek general information about services the department provide
* Provide relevant information to the department in relation to services you receive;
* Collect personal and/or sensitive information in relation to services you receive;
* Make changes to information in relation to services you receive that are held by the department.

# Proof of Identity

Before the nominee arrangement can be processed, the department will undertake a nominee verification process.

You and the nominee will be contacted by the department via phone or email to verify their personal details provided in the form below.

# This will then allow the nominee access to your information

# Telephone Interpreter Services

If you have difficulty speaking or understanding English, call the Interpreting Service (TIS) on 131 450 for the cost of a local call.

* Ask TIS National to call: Digital Services Contact Centre 1800 314 677; or National Customer Service Line 1800 805 260

TIS National operates nationally providing translation services for over 160 languages and dialects.

# Contact Us

If you have any questions or concerns regarding this nominee arrangement for a participant linked to an employment service provider, please call the **National Customer Service Line on** **1800 805 260**

If you have any questions or concerns regarding this nominee arrangement for a self managed digital participant, please contact the **Digital Services Contact Centre on** **1800 314 677**

or by email at: **Nominee@dewr.gov.au**; or

**For general nominee arrangements from members of the public, external stakeholders and clients not linked to a service with the department please contact the**

**National Customer Service Line on** **1800 805 260.**

# National Relay Service

* If you have hearing or speech difficulties, call the National Relay Service on 1800 555 660 or 13 36 77
* For Teletypewriter (TTY) call 1800 555 630.
* Ask the National Relay Service to call the NCSL on 1800 805 260 or DSCC 1800 314 677

# Important Information

The nominee arrangements will remain valid unless revoked by the nominator, nominee and/or the department.

If you think your nominee arrangement is being misused, please call the NCSL on 1800 805 260 or DSCC on 1800 314 677to discuss your concerns with an employment services officers.

# Submitting, Stopping or Changing your arrangement

A nominator or nominee can cancel the arrangement at anytime by calling or emailing the department.

To submit a nominee arrangement, or change your existing arrangement, please fill out this form and email the form to: **Nominee@dewr.gov.au**

# Privacy

Personal information about you and the authorised person is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Employment and Workplace Relations. This information is required to process this application to appoint an authorised person to act on your behalf.

The personal information in this form may be used by the department, or given to other parties where you have agreed to, or where it is required or authorised by law.

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [www.dewr.gov.au/privacy](http://www.dewr.gov.au/privacy)

# About this form

|  |  |
| --- | --- |
| I | (your full name) |
| authorise  | (‘my authorised person’) |

to act on my behalf in relation to services I receive from the department or to find out how the department can assist me.

I acknowledge that:

* My arrangement is voluntary, I can cancel it with the department at any time.
* My arrangement may be rejected or cancelled by the department.
* My authorised person may access and/or alter my information held by the department.
* My authorised person can make decisions on my behalf regarding my time in any service with the department

I acknowledge the department may share personal or sensitive information with my authorised person relating to the services I am receiving from one or more of the following departments:

* Department of Employment and Workplace Relations
* Department of Social Services
* National Indigenous Australians Agency

# My authorised person’s details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Physical Address** |  |
| **Email** |  |
| **Phone number** |  |
| **Organisation or Business Name (if applicable)**  |  |

# My details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **CRN/JSID (if applicable)** |  |
| **Physical Address** |  |
| **Email** |  |
| **Phone number** |  |

# Your Declaration

I understand that giving false or misleading information is a serious offence and I declare that the information I have provided in this form is complete and accurate.

By signing below, I consent to the collection and disclosure of my information, including sensitive information to my authorised person nominated above.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

# To be completed by your authorised person

I declare that I understand and accept the responsibilities for the arrangement requested in this form.

I understand that:

* Any personal and sensitive information I am given access to under this arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
* The Department of Employment and Workplace Relations may revoke my appointment on reasonable grounds where adequate notice is given.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

Please note, once your complete and accurate form is submitted by email to **Nominee@dewr.gov.au****,** the department will undertake a nominee verification process.

**The nominee will be contacted by the department via phone or email to verify their personal details provided in this form. This will then allow the nominee access to your information.**

**This nominee arrangement relates to the** Department of Employment and Workplace Relations and **is not a correspondence nominee arrangement for the purpose of the social security law.**