



Permission to act on my behalf

I authorise my RSA representative to act on my behalf in the execution of their duty in support of me. I understand that my RSA representative may contact a third party on my behalf, in accordance with my instructions.

I understand and agree that my RSA representative may contact, request, receive, store, copy and verify my personal information held by a third party person, organisation or agency.

I understand that they may share my personal information with any third party person, organisation or agency in the execution of their duty to assist me, in accordance with the Privacy Act 2020.

I understand I may withdraw my permission at any time by writing to my representative.

Name of Client:	DOB:
Address of Client:	
Signature of Client:	Date:
Name of RSA Representative:	
Contact Phone Number:	
Signature of RSA Representative:	Date:
RSA and/ or District:	Are you a Support Advisor? Yes / No (Circle One)