



## General Consent for a Third Party to Act on Your Behalf

This form is to be completed by a tenant or applicant as follows when you give consent for Link Wentworth to exchange personal information with a third party. This form allows a third party:

- To act on your behalf and deal with Link Wentworth on all matters that assist you in obtaining or maintaining accommodation and support.
- Enquire on your behalf.
- Acting and making changes on your behalf that assist you in obtaining or maintaining accommodation and support.
- Receive copies of correspondence (if requested).
- Attend Link Wentworth appointments with you or on your behalf.

The third party can be a partner, a friend, a family member, or a professional or agency. This list is not limited and you may change this arrangement at any time. Authorising a third party to act on your behalf does not take away your right to contact Link Wentworth if you need to do so.

This information will be collected and recorded in your tenant records. Only information needed to make the best decisions to assist you in obtaining or maintaining housing and/or support will be shared.

If you have any questions or need help completing this form, please call us on 9412 5111 (Chatswood Hub) or 4777 8000 (Penrith Hub) or email [enquiries@linkwentworth.org.au](mailto:enquiries@linkwentworth.org.au).

If you require an interpreter please advise Link Wentworth, or if you have a hearing or speech impairment please use the TTY service Freecall 1800 810 586. A TTY phone is required to use this service.

Do you need a translator? TIS National provides access to phone and on-site interpreting services in over 150 languages. Call 13 14 50.

### Your details

Tenancy ID: \_\_\_\_\_ OR Applicant ID: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address:

\_\_\_\_\_

Phone number (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

## Authorising a Person/Agency to Act on your behalf

Name of person/agency and their relationship to you. E.g., daughter, son, father, mother, doctor, service provider.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

For how long do you want this authority to last? (Select one only)

- From: \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_
- For 2 years
- Until I advise Link Wentworth to stop the authority

Phone number (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

Address for correspondence:

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## Tenant declaration

**I authorise the third party named on this form to act on my behalf about me in matters concerning Link Wentworth.**

**I know that I can change my mind and stop my consent at any time by writing or telling a Link Wentworth unless there is a current legal order in place.**

Full name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_