

Employer Authority

Surname: _____

Given names: _____

Date of birth: _____

Applicant Declaration

In order to determine my fitness to perform the required duties, any reasonable steps that need to be taken to accommodate any disability I may have and whether I can safely perform the required duties, I, _____ consent to the following:

1. Coal Mines Insurance Pty Ltd and any applicable SIRA (State Insurance Regulatory Authority) may provide information relevant to the above matters (including my workers compensation history) to and discuss the details of that information with _____ *Employer's Name* ; and

2. _____ *Employer's Name* may collect information relevant to the above matters (including my workers compensation history) from Coal Mines Insurance Pty Ltd and any relevant SIRA (State Insurance Regulatory Authority) within Australia.

I understand that without the above consent to the disclosure of information, _____ *Employer's Name* may not have sufficient information on which to make a decision to employ me.

Signed: _____

Dated: _____

Witness: _____

Witness name (print): _____

Dated: _____