**Consent Authority**

I, Employee Name, have requested that my employer, Employer Name, submit a Workers’ Compensation Insurance claim to their insurer arising out of an injury that I sustained during the course of my employment on Date of Injury to my Injured Body Part (i.e. Back/Arm).

I have been informed that my employer engages a Workers’ Compensation Claims Management consultancy, R Tozer Consulting Pty Ltd (“RTC”), to assist with the assessment and management of my injury and the assessment and management of my Workers’ Compensation Insurance claim. I have also been informed that my employer engages Willis Temby Insurance Brokers Pty Ltd (“Willis Temby”) to assist with the management of my Workers’ Compensation Insurance claim.

I consent to my employer providing:

* RTC; and
* Willis Temby

with my personal information, inclusive of sensitive information such as medical information (collectively **personal information**) to assist in the management of my claim. I understand that I can contact RTC and Willis Temby to ask about how they store, use and destroy my personal information and I also understand that my personal information can only be used for the management of my Workers’ Compensation Insurance claim.

I understand that this consent authority is in addition to the consent authority that is contained with my Workers’ Compensation Insurance claim form, which applies to the use of my personal information by other organisations.

My personal information may also be disclosed as required or permitted by law for the purpose of assessing and managing this claim.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_