

Declaration and Consent

Authorised representative declaration and consent (if applicable)

Please tick each clause below and sign the declaration in the presence of the witness. The witness must be a person authorised to legally witness or certify documents.

I, (the applicant's authorised representative),
nominated by (applicant's name), declare that:

- I have been authorised by the applicant to discuss, request and provide information about this application on their behalf.
- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant.
- I understand that the applicant may withdraw this authority at any time.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature of authorised representative Date
Day Month Year

Authorised representative's relationship to applicant

Signature of authorised witness Date
Day Month Year

Authorised witness name (Printed)

Authorised witness occupation and registration number