



# Authority to Act

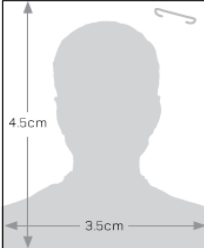


It is usual practice for the Optometry Council of Australia and New Zealand (OCANZ) to deal directly with applicants seeking an assessment of their qualifications. Australia's privacy legislation prohibits OCANZ from discussing your application with other people (third parties) unless you specifically authorise OCANZ to do so.

If you want someone such as a family member or other agent to deal with OCANZ on your behalf, you will need to indicate this by completing OCANZ's Authority to Act form. OCANZ will only communicate directly with one party; once your Authority to Act form has been processed correspondence will be sent **only** to the person you have nominated.

Please print clearly in **English** using **CAPITAL LETTERS**. Both OCANZ applicant and the nominated person or agent must complete this form where indicated.

Only original forms will be accepted. Scanned, fax or photocopied forms will NOT be accepted.

Section A	Applicant's Personal Details	
1. OCANZ Reference Number		
2. Surname /Family name		
3. Given /first name(s)		
4. Date of Birth & Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male
5. Contact details for <b>applicant</b> only.	<div style="text-align: right; margin-bottom: 5px;">  </div> <div style="margin-bottom: 5px;"><i>Address</i></div> <div style="margin-bottom: 5px;"><i>Suburb/Postcode</i></div> <div style="margin-bottom: 5px;"><i>State/Territory</i></div> <div style="margin-bottom: 5px;"><i>Country</i></div> <div style="margin-bottom: 5px;"><i>Telephone</i></div> <div style="margin-bottom: 5px;"><i>Email Address</i></div>	

Section B	Nominee's Personal Details (Person or agent to act on your behalf)	
6. Individual Nominee	Surname	
	Given name(s)	
	Date of Birth / / Day Month Year	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
7. Organisation Nominee	Organisation Name:	
	ACN/ABN/ARBN:	
8. Contact details for nominees only.	Address (Registered Address for Organisation)	
	Suburb/Postcode	
	State/Territory	
	Country	
	Telephone	
	Email Address	
Section C	Applicant Declaration	
<ul style="list-style-type: none"> <li>• Subject to any limitations imposed by OCANZ from time to time, I authorise the nominee to: <ul style="list-style-type: none"> <li>- communicate with OCANZ by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application</li> <li>- communicate with OCANZ on my behalf regarding the outcome of relevant applications.</li> </ul> </li> <li>• I undertake to: <ul style="list-style-type: none"> <li>- inform OCANZ of any changes to my circumstances, details, or anything else that may affect my eligibility to undertake OCANZ examinations or assessments.</li> <li>- provide the nominee with all information relevant to assessing my eligibility to practise in Australia, and to ensure that that such information will be true and correct.</li> </ul> </li> <li>• I acknowledge that OCANZ will only communicate and correspond with the nominee but that at any time and in writing, I may withdraw this Authority. I further acknowledge that OCANZ reserves the right to withdraw its acceptance of this Authority for any reasons whatsoever.</li> <li>• I confirm I am the Applicant referred to in Section A Above and I warrant and represent that I have full legal authority and capacity to appoint the nominee as my agent by this Authority to Act</li> <li>• All statements and information provided on this form are true and correct and I understand the nominated person or agent holds the authority to act on my behalf for the application that is currently pending at the time of receipt of this form.</li> </ul>		
Applicant's Name (Print): _____		
Applicant's Signature: _____		
Date:                      /                      / Day                      Month                      Year		

<b>Section C</b>	<b>Nominee Declaration</b>
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- I/We acknowledge that I/We will be solely responsible for communicating with and providing information and documents to OCANZ in relation to the above named Applicant.
- I/We acknowledge that I/We am/are responsible for notifying OCANZ of any changes to the Applicant's circumstances or details, or of any other information that may affect the Applicant's eligibility to practise in Australia.
- I/We undertake to communicate all and any relevant information provided by the Applicant to OCANZ and by OCANZ to the Applicant.
- I/We warrant that all information provided by my/us to OCANZ is true and correct in every particular.
- I/We release OCANZ from any claim of any nature in connection with information released or not released to the nominee or any person purporting to be the nominee.
- I/We acknowledge that OCANZ reserves the right to withdraw its acceptance of this Authority for any reason whatsoever at any time.

**Nominee's/Director of Nominee' Name (Print):** \_\_\_\_\_

**Nominee's/Director of Nominee' Signature:** \_\_\_\_\_

**Date:**                    /                    /  
                                 *Day*                    *Month*                    *Year*