Third Party Authority Form – CQ Home Assist Secure

Privacy Notice: Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when a client would like to authorise or cancel authorisation for another party to act on their behalf to manage their home maintenance and home modification services with CQ Home Assist Secure.

P: 07 4932 9000 | **E:** enquiries@rrc.qld.gov.au | **W:** rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | **ABN:** 59 923 523 766

Client Details *(These details will be utilised to update client's record)*

Client name:

Date of birth:

Preferred contact number:

Email:

Residential Address

Street number and name:

Suburb:	State:	Postcode:

Postal address *(if different)*:

Request Details

Request type: ☐ Approve authority   ☐ Cancel authority

Nominated Representative Details

Representative One

Contact name:

First	Middle	Last

Date of birth:

Relationship to client:

Preferred contact number:

Email:

Street number and name:

Suburb:	State:	Postcode:

Postal address *(if different)*:

OFFICE USE ONLY	Receiving officer:	Date:

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Representative Two *(if applicable)*		
Contact name:		
First	Middle	Last
Date of birth:		
Relationship to client:		
Preferred contact number:		
Email:		
Street number and name:		
Suburb:	State:	Postcode:
Postal address *(if different)*:		

Security Details

If you would like to assign a password to the account, please nominate here:

Declaration

I authorise the representatives listed on this form to be provided with information regarding my registration with CQ Home Assist Secure; to request maintenance and/or modification services on my behalf and to liaise with CQ Home Assist Secure staff and registered CQ Home Assist Secure contractors regarding my maintenance and/or modification services.

I understand the representatives:

- Will have access to my personal information until I advise CQ Home Assist Secure that I wish to cancel or amend this arrangement; and
- May be required to pass a security check to access my information.

I declare that the details on this form are correct to the best of my ability.

Name: Signature: Date:

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