

## Worker details

Claim Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Employer details

Organisation: Aquamarine Personalised Home Care

Contact Name: Jess Hopper

Position: Human Resources / Return to Work Coordinator

Phone: 0437 291 119

Email: jess@aquamarinecare.com.au

## Worker's declaration

I have discussed this consent form with my employer. I understand that any information collected will be kept in a confidential case file, with access restricted to those who are directly responsible for coordinating and monitoring my recovery at work.

I understand that my employer will:

- only collect personal and health information that is relevant and necessary to manage my recovery at work and facilitate the workers compensation claim
- only use and disclose information for the purpose for which it was collected
- keep any information collected separate from my other personnel records
- take reasonable steps to protect my information by ensuring it is stored securely, kept no longer than necessary and disposed of appropriately
- allow me to access my information without unreasonable delay, unless providing access would be unlawful or pose a serious threat to another person's life or health.

Considering the above, I authorise [name] and consent to my employer collecting, using and disclosing personal and health information relevant to managing my recovery at work and workers compensation claim with my support team identified below:

Role	Insert specific names
Nominated treating doctor	
Allied health treatment practitioner	

Role	Insert specific names
Workplace rehabilitation provider	
Other representative (specify)	



I understand my consent is voluntary and I may change or withdraw this consent at any time by notifying my employer.

Worker

Signature

Employer representative

Signature

Interpreter (if required)

Signature

Name