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Form 03

Request for Associate Access to Record

*****ONLY COMPLETE THIS FORM IF YOU WANT TO GIVE COMPUTER ACCESS TO YOUR RECORD TO SOMEONE ELSE*****

How to lodge your Application at Australia Post

1. To verify your identity, the details in section A and B must EXACTLY MATCH your identification documents.
2. Your Healthelink ID can be found on the letter you received when you enrolled.
3. DO NOT complete section C, your signature (Applicant's signature) must be witnessed by the Australia Post verifier.
4. Identification documents MUST be produced and be original and current
5. Your Associate must complete sections E, F and G. These can be completed prior to attending the post office (your Associate does not have to go to the post office).

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Applicant (your own details)

Title (Mr, Mrs etc) **Family name/surname**

Given name/s (in full name no initials)

Date of birth D D / M M / Y Y Y Y

Healthelink ID

B. Address of Applicant (must be an Australian residential address not a PO Box)

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

C. Declaration by Applicant

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

Applicant to sign at Australia Post

Your signature must be witnessed by the Australian Post verifier.

Please sign in black ink

I acknowledge that the information on this form is true and correct.
The details in Sections A and B have been completed by me and not another person.

Date

Disclaimer and Privacy Notice - Australia Post is acting as an agent for Health Technology and collects your information to identify you in accordance with requirements under Australian Law. Your details will be forwarded to Health Technology and may also be disclosed to government agencies. Subject to certain exceptions you may request access to your personal information. If access is denied, the law says we must tell you why.

D. Australia Post use only - Identification Documents for Applicant

Primary Documents - You may only use **ONE** Primary Document

Secondary Documents - You may use a combination of Secondary Documents. If you use more than one credit and savings account card, bank statement or utilities bill, they must be from different organisations.

						Point Value
Primary	X	Birth Certificate/Card	Number	State	70	
	X	Passport	Number	Country	70	
	X	Citizenship Certificate	Number	Country	70	
Secondary	X	Australian Driver Licence	Number	State	40	
	X	Public Service Employee ID card	X Pension Card	or Healthcare Card	X Tertiary ID Card	40
	X	Financial Institution/Bank Passbook	X Credit or Debit Card	X Medicare Card	X Council Rates Notice	or Utilities Bill 25

TOTAL POINTS

(must = 100 points or more)

Note to Australia Post – Sections E, F and G must be completed by the Associate. An ID check of the Associate's information is not required.

E. Details of Associate (the person you want to give access to)

Title (Mr, Mrs etc) **Family name/surname**

Given name/s (in full name no initials)

Date of birth / / **Sex (M/F)** **Contact phone number**

Relationship to Healthelink record holder

F. Address of Associate (must be an Australian residential address not a PO Box)

Current residential address

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

Postal address **Email address (optional)**

X Same as above

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

G. Declaration by Associate

Please provide your own security question and answer. Your security question and answer will allow us to identify you over the phone and issue your password. For example "What is my mother's maiden name?" or "What was my first pet's name?"

Question

Answer

I acknowledge that the information on this form is true and correct. The details in Sections E, F and G have been completed by me and not another person.

Associate to sign

Please sign in black ink

Date

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H. Australia Post use only

Confirm X All of sections E, F and G have been completed but not verified.

I have sighted and confirmed the Applicant's Proof of Identity against original documentation in Sections A to D. I have witnessed the signature of the Applicant.

Verifier's name

Date D D / M M / Y Y Y Y **Work centre code** **Verifier's signature**

Comments