

AUTHORISING A PERSON TO ENQUIRE/ACT ON YOUR BEHALF

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM

THE PURPOSE OF THIS FORM

This form allows you to authorise another person to enquire and in limited circumstances, to act on your behalf when dealing with the Northern Territory Concession Scheme and Northern Territory Seniors Recognition Scheme (the Schemes).

Only one person can be authorised to enquire on your behalf, unless otherwise stated in Power of Attorney (or Enduring Power of Attorney), Court, Tribunal, Guardianship or Administration Order.

If you want to change your authorised person, you can do so at any time by completing a new form. You may cancel the authorisation at any time in writing.

The person permitted to enquire on your behalf can be a partner, a friend, a family member or a professional (e.g. a doctor, health care worker, carer, social worker).

FUNCTIONS OF AN AUTHORISED PERSON

By completing this form you are consenting for the authorised person to carry out the following functions on your behalf subject to the limitations below:

- make enquiries regarding your eligibility to the Schemes
- make enquiries regarding your concessions under the Schemes
- advise of any changes to your circumstances that may affect your eligibility to receive concessions under the Schemes (e.g. if you are out of the Northern Territory for more than 183 days)
- to act on your behalf to redeem a travel voucher. The authorised person must provide sufficient identification when redeeming a voucher and sign the travel voucher on behalf of the member.

LIMITATIONS

An authorised person cannot (unless by Power of Attorney (or Enduring Power of Attorney) or Court, Tribunal, Guardianship or Administration Order):

- make changes to your information including updating your address and contact details
- make changes to your personal banking details you may have previously provided
- complete forms on your behalf
- directly or indirectly benefit from this Authorisation (e.g. the authorised person cannot receive concessions or payments which are for the benefit of the member).

My appointment as an authorised person may be revoked by the member at any time or revoked or suspended if I do not comply with my responsibilities and obligations.

More information about the Schemes can be found on our website



www.ntconcessions.nt.gov.au

For further information, contact the NT Concession and Recognition Scheme Unit on:



1800 777 704



PO Box 37037, Winnellie NT 0821



ntconcessionandrecognition@nt.gov.au

SECTION A

PLEASE PRINT CLEARLY

Member Id

MEMBER DETAILS:Mr Mrs Miss Ms Other _____

First Name: _____

Surname: _____

Date of Birth: ____/____/____

Residential Address:

Postal Address (if different):

Reason for making this arrangementVoluntary

Please provide supporting documents for the options below:

Power of Attorney (or Enduring Power of Attorney) Court, Tribunal, Guardianship or Administration Order **How long do you want this arrangement to last?**Indefinitely OR

From ____/____/____ to ____/____/____

Authorisation

I authorise the person named in section B to enquire on my behalf according to the arrangements shown on this form

Member's Signature:**Date:** _____ / _____ / _____**SECTION B****AUTHORISED PERSON'S DETAILS:**Mr Mrs Miss Ms Other _____

First Name: _____

Surname: _____

Date of Birth: ____/____/____

Residential Address:

Postal Address (if different):

Phone number: _____

Email: _____

Relationship to Member (e.g. father, brother, sister, friend)

Authorised Person to Complete

The authorised person MUST provide a password to be used when contacting the Scheme.

The password needs to have 4-12 letters or numbers or a combination of both. Please remember this password:

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Acceptance by authorised person

I declare that:

- (a) the information above is true and correct;
- (b) I have read and understood the Functions of an Authorised Person and Limitations and accept the responsibilities and obligations for the arrangement for which I am authorised; and
- (c) I consent to Territory Families collecting, using and disclosing my personal information for the purpose of enabling me to act as an authorised person for the member under the Schemes.

Authorised Person's Signature: _____**Date:** ____/____/____