

Employer Authorisation and Employer Representative Privacy Agreement



1300 785 244
enquiries@jayrosegroup.com.au
www.jayrosegroup.com.au

EMPLOYER AUTHORISATION TO RELEASE INFORMATION TO EMPLOYER REPRESENTATIVE AND EMPLOYER REPRESENTATIVE PRIVACY AGREEMENT.

Employer Details

WEN (EMPLOYER NUMBER)	
EMPLOYER CONTACT	EMPLOYER NAME
EMPLOYER ADDRESS	

Employee Representative Details

REPRESENTATIVE NAME	MR PAUL RAMSDALE
COMPANY NAME	JAYROSE GROUP (AUST) PTY LTD TRADING AS JAYROSE GROUP AUSTRALIA
COMPANY ADDRESS	PO BOX 888 PANTON HILL VIC 3759

Employer Authorisation

I HEREBY AUTHORISE THE EMPLOYER REPRESENTATIVE LISTED ABOVE TO REQUEST AND RECEIVE INFORMATION RELEVANT TO ALL WORKERS COMPENSATION ISSUES INCLUDING ALL CLAIMS AND PREMIUMS INFORMATION, TO ASSIST IN THE MANAGEMENT OF THE ABOVE MENTIONED EMPLOYERS WORKERS COMPENSATION MANAGEMENT REQUIREMENTS.

I DECLARE THE EMPLOYER REPRESENTATIVES LISTED ABOVE HAS AGREED TO COMPLY WITH ALL PRIVACY OBLIGATIONS THAT APPLY TO THIS EMPLOYER.

THE EMPLOYER IS AWARE THAT JAYROSE GROUP AUSTRALIA WILL NOT RECEIVE VALUE FOR CONNECTION OR RISK MANAGEMENT FEES FROM OUR WORKCOVER AGENT ON AN ANNUAL BASIS.

SIGNATURE	DATE
NAME	

Employer Representative's Privacy Agreement

JAYROSE GROUP AUSTRALIA AGREES TO;

- COMPLY WITH ALL PRIVACY OBLIGATIONS THAT APPLY TO THE EMPLOYER REPRESENTATIVE.
- COMPLY WITH ALL PRIVACY OBLIGATIONS THAT APPLY TO THIS EMPLOYER, WHETHER UNDER THE NATIONAL PRIVACY PRINCIPLES SET OUT IN THE PRIVACY ACT 1988 (CTH), THE INFORMATION PRIVACY PRINCIPLES SET OUT IN THE INFORMATION PRIVACY ACT 2000 (VIC) AND/OR THE HEALTH PRIVACY PRINCIPLES SET OUT IN THE HEALTH RECORDS ACT 2001 (VIC), EVEN IF THE OBLIGATION DOES NOT OTHERWISE APPLY TO THE EMPLOYER REPRESENTATIVE.
- ONLY USE AND DISCLOSE PERSONAL INFORMATION FOR THE PURPOSE OF MANAGING THE WORKERS COMPENSATION CLAIMS ON BEHALF OF THIS EMPLOYER AND NOT FOR ANY OTHER PURPOSE.
- TAKE ALL REASONABLE MEASURES TO ENSURE THAT PERSONAL INFORMATION IS PROTECTED AGAINST LOSS, UNAUTHORISED ACCESS, USE, MODIFICATION, DISCLOSURE OR OTHER MISUSE AND THAT ONLY AUTHORISED PERSONNEL HAVE ACCESS TO SUCH PERSONAL INFORMATION.
- COMPLY WITH ANY LAWFUL DIRECTION OF THE EMPLOYER IN RELATION TO ANY PRIVACY OBLIGATION.

SIGNATURE	DATE
NAME	