



Third Party Authorisation Form

Authorisation for a third party to act on my behalf in relation to my Council on Chiropractic Education Australasia (CCEA) Desktop Audit application

Communication in relation to CCEA Desktop Audit applications is made directly with the applicant seeking the assessment.

CCEA and any authorised external assessment service acting on behalf of CCEA, will only communicate directly with one party.

Australia's Privacy legislation prohibits CCEA from discussing your application with any third party unless specifically authorised to do so, by you.

To authorise CCEA to communicate with a third party, you need to complete the details below and submit this form with your application.

I, _____

(Applicant's full name)

Applicant's signature: _____

Authorise the person named below to represent me in matters associated with the CCEA Desktop Audit application I have submitted.

Authorised person's name: _____

My third party representative is:

a migration agent

a family member or relation

a friend

Third party representative full name and contact details

Full name: _____

Email address: _____

Phone number (including country and area code): _____

Signature: _____

Date: _____

All communications relating to the CCEA application will be sent to you via your authorised agent.