

RIGHT TO INFORMATION ACT 2009
Authority to Release Information to a Third Party
Workers Compensation Claims History

I, (full name) Date of Birth

authorise Workplace Standards Tasmania to release my Workers Compensation Claim History

to: (full name)

of: (company name)

Address:

Names of Previous Employers
(if known)

Signature Date

Address Phone Number

Email

FEES AND CHARGES - ACTIVE DISCLOSURE

ACTIVE DISCLOSURE information has a WST fee structure for research time, materials etc and will be invoiced after the provision of the information.

FOR FURTHER ASSISTANCE

Please contact:
Workplace Standards Tasmania
Information Unit
PO BOX 56
ROSNY PARK TAS 7018

Phone 1300 366 322 (within Tasmania) or (03) 6233 7657 (outside Tasmania)
Fax (03) 6233 8338
Email wstinfo@justice.tas.gov.au

GF150 July 2011