



Third party consent form

Applicant Details (Please use block letters)

Full name of applicant _____

Date of birth ____ / ____ / ____

Registration number _____

Address _____

Post Code _____

Phone _____ Mobile _____

Email _____

I hereby give my consent for the following named person (name of third party)

to access my personal information held by the Construction Industry Long Service Leave Payments Board.

I acknowledge that this Consent can only be withdrawn by written notice to MyLeave.

Signed (applicant) _____

Date ____ / ____ / ____