



## 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I acknowledge that this Consent can only be withdrawn by written notice to MyLeave.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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_