



## Authority to Receive Information regarding an International Medical Graduate

### AUTHORITY TO RECEIVE INFORMATION

The Royal Australian and New Zealand College of Radiologists® (the College) is bound by the National Privacy Principles (Australia) and the Information Privacy Principles (New Zealand), whereby it is generally not permitted to disclose personal information about an applicant to a third party without the applicant's consent.

An applicant may authorise a third party (Agent) to communicate and/or act on the applicant's behalf, by completing the following details.

### APPLICANT'S AUTHORISATION

I (full name) \_\_\_\_\_

of the following address \_\_\_\_\_

\_\_\_\_\_

authorise my Agent to:

- communicate with the College on my behalf regarding the processing and progress of my application. (The agent and the College may communicate by telephone, fax, written correspondence.)
- communicate with the College on my behalf regarding the results of relevant assessments conducted by the College. (This allows the Agent to receive the applicant's assessment results).
- undertake any other action reasonably necessary for the processing of my application, on my behalf (except signing and lodging application forms, which must be completed by the applicant).
- I request all written and/or email correspondence to be sent to my Agent (whichever applicable).
- Other: \_\_\_\_\_

\_\_\_\_\_

[Applicant's signature]

[Date]

### AGENT'S DETAILS

Full name: \_\_\_\_\_

Contact details:

Address) \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Your privacy is respected by the College, please refer to the College Privacy policy at <http://www.ranzcr.edu.au/privacy/index.cfm> for further details. If you have any concerns, please contact the Privacy Officer at The Royal Australian & New Zealand College of Radiologists, Level 9, 51 Druiitt St, Sydney NSW 2001.*