

CONSENT TO BE SUBJECT TO A WORK AND DEVELOPMENT PERMIT

Part A: Accredited agency or accredited health practitioner obtaining consent

Name of accredited agency or accredited health practitioner

Name of person completing this form on behalf of an accredited agency or an accredited health practitioner

Position

Email

Preferred contact number

Your signature

Date

Part B: Person subject to a Work and Development Permit

I consent to be subject to a Work and Development Permit.

I authorise and consent to the information I provide in my application for a Work and Development Permit, and any other information I provide in relation to a WDP that is issued to me, or relevant information about me that is held by an enforcement agency, to be collected and shared by:

- the Director, Fines Victoria
- an accredited agency or accredited health practitioner
- an organisation or individual to which an accredited agency or accredited health practitioner has referred me to undertake WDP activities, and
- an enforcement agency.

Title

Date of birth

Family Name (Surname)

Given Name(s)

Street Address (include house, unit or apartment number)

Street/Town/City

State

Postcode

Country (if not Australia)

Email

Preferred contact number

Your signature

Date