Australian Government
Department of Human Services

centrelink

Authorising a person or organisation to enquire or act on your behalf

You can use this form to request another person or organisation to enquire or act on your behalf for Centrelink payments and services.

When to use this form

Use this form to request a person or organisation be a:

- Person permitted to enquire, **or**
- Correspondence nominee, **and/or**
- Payment nominee.

If you or your nominee have your Centrelink payments **income managed**, call **1800 132 594** before filling in this form.

Do NOT complete this form for:

- Aged Care
- Medicare, **or**
- Child Support.

For more information about requesting someone to enquire or make changes about your Aged Care, Medicare or Child Support, go to **humanservices.gov.au/nominees**

Important information

We may review your nominee arrangement from time to time. This is to make sure you are happy with the arrangement and that your nominee is fulfilling their responsibilities.

If you think your nominee arrangement is being misused, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, between 8.00 am and 5.00 pm, local time and ask to speak to a departmental social worker. For more information, go to **humanservices.gov.au/domesticviolence** or call **000** if you are in immediate danger.

Choosing your arrangement

Authorising a person or organisation to enquire, act on your behalf or receive your payment does not prevent you from dealing with us about your Centrelink business.

There are different types of arrangements to help you with your Centrelink business. The information below may help you choose the arrangement that best suits your needs:

- nominees can do more for you than a person who only has permission to enquire. A nominee has more responsibilities and needs to be willing to take on the nominee role.
- you can only have **one** correspondence nominee and **one** payment nominee, however, they do not have to be the same person or organisation.
- you can have a person permitted to enquire in addition to a nominee.
- you will need to complete a separate form if you want to have a different correspondence nominee to your payment nominee or person permitted to enquire.

The person you appoint as a nominee cannot already have a correspondence or payment nominee acting on their behalf.

For more information

Go to **humanservices.gov.au/nominees**

If you need to call us, go to **humanservices.gov.au/phoneus**

We can translate documents you need to give us for free.

To speak to us in other languages, call **131 202**.

Note: Call charges may apply.

TTY

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Person permitted to enquire

A **person permitted to enquire** is required to only use the information we give them according to the limitations of the arrangement.

They can ask questions about your Centrelink payments and services. This includes asking us:

- your current rate of payment
- the reason your payment has stopped, **and**
- the reason your payment has gone up or down for example income and assets, debt and back payment information.

Correspondence nominee

You can choose someone to be your correspondence nominee and/or a payment nominee. They can be a different person or organisation for each nominee type or the same for both.

A **correspondence nominee** is required to:

- advise us of any changes in your circumstances **within 14 days** (**within 28 days** if outside Australia)
- respond to notices if required to do so, including reporting notifiable events and must be aware that failure to respond to a notice means that you have failed to meet your obligations
- act in your best interest, **and**
- advise us of any changes that may affect their ongoing ability as a nominee.

They will receive copies of all your Centrelink letters from us, can enquire, act and make changes to all your Centrelink payments and services on your behalf. This includes:

- asking us questions
- telling us about changes to your circumstances
- completing and signing forms and statements, **and**
- coming to appointments with you or, if appropriate, for you.

Payment nominee

A **payment nominee** is required to:

- receive your Centrelink payments
- use your payments exclusively for your benefit
- keep records on how the money was spent. We can review these records at any time. If the nominee does not provide this information, financial penalties may be applied
- act in your best interest, **and**
- advise us of any changes that may affect their ongoing ability as a nominee.

We can give relevant information to them if there are issues with your payment.

If you receive more money from us than you are entitled to, your payment nominee is not required to repay your Centrelink debt. You will be required to repay this money.

BOTH correspondence and payment nominee

A **BOTH correspondence and payment nominee** arrangement allows your nominee to enquire, act and make changes AND receive payments on your behalf.

Proof of identity

Before the arrangement for an individual can be processed, the nominee or person permitted to enquire is required to provide proof of their identity. To do this, they are required to provide photo identification in person to one of our service centres.

Stopping or changing your arrangement

You can cancel or change your arrangement at any time, unless it is a court, tribunal, guardianship or administration appointed arrangement.

To cancel the arrangement:

- call us - go to **humanservices.gov.au/phoneus**
- use your online account to cancel or change your correspondence and/or payment nominee arrangements at any time
- write to us - go to **humanservices.gov.au/contact**

When you cancel your nominee arrangement, a letter will be automatically issued to you and your nominee advising that the arrangement has been cancelled at your request.

Australian Government
Department of Human Services

centrelink

Authorising a person or organisation to enquire or act on your behalf

Filling in this form

- **Please use black or blue pen.**
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ▶ ***Go to 5*** skip to the question number shown. You do not need to answer the questions in between.
- Only **one** person or organisation can be requested on this form.
- When you have filled in **Part A**, make sure **Part B** is given to your nominee or person permitted to enquire to complete.
- If you are affected by family and domestic violence, call **132 850** Monday to Friday, between 8.00 am and 5.00 pm, local time and ask to speak to a departmental social worker. For more information, go to **humanservices.gov.au/domesticviolence**

Part A – To be completed by YOU

1 Your Centrelink Reference Number (if known)

☐☐☐☐☐☐ – ☐☐☐☐☐☐ – ☐☐☐☐☐☐ – ☐

2 Your name

Family name

First given name

Second given name

3 Your date of birth

/ /

4 Has your permanent or postal address changed since you last told us?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

Your permanent address

Postcode

Your postal address (if different from above)

Postcode

5 Is this request for a person or an organisation?

Tick ONE box only

Person ☐ ▶ *Go to next question*

Organisation ☒ ▶ ***Go to 10***

6 Your requested person's Centrelink Reference Number (if known)

☐☐☐☐☐☐ – ☐☐☐☐☐☐ – ☐☐☐☐☐☐ – ☐

7 Your requested person's name

Family name

First given name

Second given name

8 Has your requested person been known by any other name(s)?

Include:
- name at birth
- name before marriage
- previous married name
- Aboriginal or tribal name
- alias
- adoptive name
- foster name.

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

Other name(s)

9 Your requested person's date of birth

/ / ▶ ***Go to 11***

CLK0SS313 1807

10 Your requested organisation's details

Trading name of organisation

This is the name of the organisation, not the contact person. The name of the contact person is to be provided at the end of this question.

AFL Cape York Limited

Business name of organisation

AFL Cape York Limited

Australian Business Number (ABN)

This is mandatory when nominating an organisation.

67 – 106 – 529 – 257

Organisation's Centrelink Reference Number (if known)

407 – 870 – 498 – T

Organisation's email address

admin.house
@ aflcy.com.au

Name of contact person

Student Services Coordinator

11 What is your requested person's or organisation's relationship to you (e.g. parent, child, guardian, accountant, Public Trustee)?

Boarding/Residential Facility

12 Your requested person's or organisation's contact details

Street address

53 - 75 Buchan Street,

Portsmith Qld Postcode 4870

Postal address (if different to above)

PO Box 143,

Manunda Qld Postcode 4870

Contact phone number

(07) 4035 1200

13 **Please read this before you answer questions 13 to 15**

For more information about the different arrangement types, refer to the **Notes.**

If you have a nominee arrangement of the same type already in place, this request will automatically cancel the existing arrangement.

Your existing nominee will receive a letter advising that the arrangement has been cancelled at your request.

What arrangement are you requesting?

If you want to request arrangements with more than one person or organisation, you will need to complete a separate form for each one.

Person permitted to enquire [X] ▶ ***Go to 15***

Correspondence nominee [ ] ▶ ***Go to 15***

Payment nominee [ ] ▶ ***Go to 14***

BOTH payment and correspondence nominee [ ] ▶ ***Go to 14***

14 Give details of the nominee's account where your Centrelink payments are to be paid

It may be easier for your nominee to manage your payments by having a separate bank account.

Your nominee must tell us if they change this bank account.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

For organisations only – Group Institution Code (if applicable)

15 What is the reason for making this request?

Voluntary [X]

Enduring Power of Attorney [ ]

Guardianship order [ ]

Financial management / administration order [ ]

Attach a copy of the legal documents.

16 How long do you want this request to last?

Indefinitely [X] **OR**

From / / To / /

Privacy notice

17 You need to read this

Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988)* and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

18 If you have a physical or mental disability and are unable to sign this form ▶ ***Go to 19***

Your declaration

I declare that the information I have provided in this form is complete and correct.

I authorise the person or organisation named on this form, to deal with Centrelink on my behalf according to the arrangement shown on this form.

I understand that:

- if my arrangement is voluntary, I can cancel it with Centrelink at any time.
- giving false or misleading information is a serious offence.
- the arrangement may be rejected or cancelled at any time by the Australian Government Department of Human Services, if the person or organisation is not able to meet their responsibilities and obligations.

Your signature

Date

/ /

▶ ***Go to 20***

19 Third party authorisation

If the customer is unable to sign this form due to physical or mental disability and the nominee arrangement is in the person's best interest, a third party may sign this section on their behalf.

For example, an appropriate third party may be:

- a professional like a treating doctor, nurse, case worker or social worker, **or**
- the Enduring Power of Attorney if it has been made, **or**
- the person or organisation appointed by a guardianship board, court or tribunal as the customer's guardian or administrator.

You will need to provide evidence of the person's inability to sign if the arrangement is not court appointed.

Attach a letter from the treating doctor or a copy of the medical evidence of the customer's incapacity or inability to sign this form.

Name of the person signing on behalf of the customer

Relationship to customer

Address

Postcode

Contact phone number

( )

Third party declaration

I declare that:

- the information I have provided in this form is complete and correct.
- the customer is unable to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Centrelink on the customer's behalf according to the arrangement shown on this form.

Signature of the person signing on behalf of the customer

Date

/ /

20 Which of the following documents are you providing with this form?

Where you are asked to supply documents, attach copies only. The copies will not be returned.

	Tick ALL that apply
Original photo identification – your nominee or person permitted to enquire is required to take it in person to one of our service centres	☐
Copy of the legal document *(if required for **question 15**)*	☐
A letter from the treating doctor or a copy of the medical evidence of the customer's incapacity or inability to sign this form *(if required for **question 19**)*	☐

Your nominee or person permitted to enquire must complete Part B on the next page. ▶

Part B – To be completed by your NOMINEE or PERSON PERMITTED TO ENQUIRE

21 Provide a password

We will ask this password every time you contact us.
The password needs to have 4 to 12 letters or numbers.

Privacy notice

22 You need to read this

Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988)* and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

23 Acceptance by nominee or person permitted to enquire

Make sure your personal and/or organisation details are correct in **Part A.**

For more information about your obligations as a nominee or person permitted to enquire, refer to the **Notes.**

I declare that I understand and accept the responsibilities and obligations for the arrangement requested in this form.

I understand that:

- any personal information I am given access to under this arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- my appointment as a nominee or person permitted to enquire may be revoked or suspended by the Australian Government Department of Human Services if I do not comply with my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the nominee or person permitted to enquire

AFL Cape York to sign here

Date

/ /

Returning your form

You can return this form and any supporting documents:

- online (excluding identity documents) using your Centrelink online account. For more information, go to **humanservices.gov.au/submitdocumentsonline**
- in person at one of our service centres, if you are unable to use your Centrelink online account.

If you are outside Australia, you can:

- post to: **Department of Human Services**
  International Services
  PO Box 7809
  CANBERRA BC ACT 2610
  Australia
- fax to: **+61 3 6222 2799**