



CONSTRUCTION
INDUSTRY
LONG SERVICE
LEAVE SCHEME

THIRD PARTY CONSENT FORM

Full name of applicant:

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Date of birth:Registration number:

Address:

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.....

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I acknowledge that this Consent can only be withdrawn by written notice to MyLeave.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