

AUTHORITY FOR A THIRD PARTY TO MAKE A POIR APPLICATION AND OTHER MATTERS



APPLICANT DETAILS

I (name): Date of Birth:

Of (address):

Provide consent for the Department for Child Protection to access and exchange information about me with the following services/person:

I give consent for the agent listed above to *(please tick)*:

- | | |
|---|--|
| <input type="checkbox"/> Make a POIR (Care Leaver's application) on my behalf | <input type="checkbox"/> If required, negotiate a scope on my behalf |
| <input type="checkbox"/> Discuss my personal information | <input type="checkbox"/> Receive correspondence / documents on my behalf |
| <input type="checkbox"/> Negotiate a withdrawal or transfer of my application | |

I understand I have the right to withdraw this consent at any time by advising the Department for Child Protection either verbally or in writing.

CARE LEAVER SIGNATURE

Signed:

Date:

Name:
(please print name in full)