



NSW Police Force

TO: Information Review Officer
Workforce Safety Command
Sydney Police Centre
wfsiro@police.nsw.gov.au

EMPLOYER INFORMATION RELEASE AUTHORITY

Dear Information Review Officer,

Please release to _____, of _____

(Name)

(Company)

the below specified information in connection with my employment held by the Workforce Safety Command. This includes copies of:

- My Police Medical Officer file containing referral and consultation information;
- My Injury Management file including medical certificates, reports and return to work plans held by my current or former employer;
- My Psychology files pertaining to any well checks or consultation information;
- The medical retirement file which my employer or former employer holds;
- My Hurt on Duty files in relation to injuries, I as a pre - 88 officer have recorded.

The release of the above signified information is authorised on my behalf in all aspects of this request and I understand these records may be released by NSWPF. This authority remains valid until revoked by me in writing.

Yours faithfully

Signature _____

Full Name

Registered number

Residential address

Date of Birth

Date

Claims Support Unit/ Workforce Safety

Level 5, SPC, 151-241 Goulburn Street SURRY HILLS NSW 2010/ Locked Bag 5102, Parramatta NSW2124

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TRIPLE ZERO (000)

Emergency only

POLICE ASSISTANCE LINE (131 444)

For non emergencies

CRIME STOPPERS (1800 333 000)

Report crime anonymously