**Letter of Authority**

**Letter template only**

Letter of Authority for information from medical practitioner – non-work related injury/illness/disability

I, ……………………………………………(name) authorise my employer ……………………………………. to obtain / provide information concerning my non-work related injury/illness/disability, namely…………………………

…../…../……

Confidentiality will be maintained in accordance with the Catholic Church Safety Manual Policy no 24 and the Workers Rehabilitation and Compensation Act 1986 by the employer.

Please insert treating medical practitioner’s names, contact number/s and postal address below (include Doctors, physiotherapists, surgeons, psychologists, chiropractors etc.)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I accept that this information will assist in facilitating the management of my return to normal work duties.

Signed:……………………

Date:………………………

Note: signing this authority will assist your employer with managing your efficient and effective return to normal work duties.