



**AUTHORITY TO OBTAIN  
DETAILS OF WORK RIGHTS STATUS**

**EMPLOYEE DETAILS**

(As specified in passport or other identity document)

Family Name:

\_\_\_\_\_

Given Name(s):

\_\_\_\_\_

Other Name(s) used (eg maiden name):

\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I authorise the Department of Immigration and Citizenship (DIAC) to release the details of my work rights status (that is, my entitlement to work legally in Australia) to the employer/labour supplier named on this form.

I understand that these details are held by DIAC on departmental files and computer systems. I further understand that the employer/labour supplier will use this information for the purposes of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for a period of three months from the date below.

Employee Signature:

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYER/LABOUR SUPPLIER  
DETAILS**

Business Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Street Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business

\_\_\_\_\_

\_\_\_\_\_

Name of Contact Person:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Note that the employee's work rights status will be sent directly to the fax number given above. Please ensure that this number is correct.

**THE COMPLETED FORM SHOULD BE  
FAXED TO 1800 505 550**

**IF ALL DETAILS MATCH WITH OUR  
RECORDS, THE EMPLOYEE'S WORK  
RIGHTS STATUS WILL BE FAXED TO  
YOU WITHIN ONE WORKING DAY**