

# Authorisation to transact business

The Manager  
Assessment & Training Service  
The College of Nursing  
Locked Bag 3030  
Burwood NSW 1805  
AUSTRALIA



**The College of Nursing**  
incorporating The NSW College of Nursing

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[www.nursing.aust.edu.au](http://www.nursing.aust.edu.au)

I

(name of applicant)

of

(applicant's address)

authorise

(name of person nominated to transact business)

of

(full postal address of person nominated to transact business)

Telephone:

(phone number(s) of person nominated)

to transact business concerning my application with The College of Nursing.

This authorisation entitles the person nominated to deliver documents, collect documents, and receive information from your office on my behalf.

This authorisation replaces any previous authorisation/s that I have submitted to The College of Nursing.

This authorisation is to commence  and expires

date

date

Below are both our signatures confirming this agreement.

Signature of Applicant  Signature of Authorised Person

Print Name  Print Name

Date  Date