



Public Trustee  
Public Trust Office

AUTHORISATION FORM

I, \_\_\_\_\_ (Applicant's name), authorize the Selection Panel for the above position to undertake all necessary background and verifications checks in relation to my application for the position of Public Trustee, Public Trust Office.

I can be contacted for all matters relating to this position on the following:

- Home / Work Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Mobile: \_\_\_\_\_
- Email: \_\_\_\_\_

.....  
Signature

.....  
Date