

AUTHORISATION OF REPRESENTATIVE

I, _____ (name of VMO)

of _____ (address of VMO)

authorise

_____ (full name of entity)

_____ (address of entity)

_____ (ABN of entity)

to act as my authorised representative in collective negotiations with the Territory under s 103 of the *Health Act 1993*

I am a visiting medical officer and I consider that I belong to the following category (select one category only):

- physician;
- surgeon;
- obstetrician and/or gynaecologist
- anaesthetist;
- general practitioner or other doctor or dentist.

I understand that my nominated representative must be approved as a negotiating agent under section 104 of the *Health Act 1993* before being able to negotiate with the Territory on my behalf.

Signed: _____ (signature of VMO)

Witness: _____ (signature of witness)

Name: _____ (print name of witness)

Date: _____