

NON-DIGITAL IDENTITY VERIFICATION CONSENT FORM

APPLICANT DETAILS

Full Legal Name:	
Date of Birth:	____ / ____ / ____
Contact Number:	
Email Address:	

This consent form documents your explicit permission for Resources Safety & Health Queensland (RSHQ) to use or retain your Identity Documents to verify your identity and to reverify your identity from time to time for the purposes of the *Resources Safety and Health Queensland Act 2020*, *Coal Mining Safety and Health Act 1999*, *Mining and Quarrying Safety and Health Act 1999*, *Petroleum and Gas (Production and Safety) Act 2004* and *Explosives Act 1999*.

ACKNOWLEDGEMENT AND CONSENT

I acknowledge and consent to RSHQ using and retaining the information contained in the Identity Documents to verify my identity and to reverify my identity from time to time (either through internal processes or by sharing the information with third -party document verification services) for the purposes of the *Resources Safety and Health Queensland Act 2020*, *Coal Mining Safety and Health Act 1999*, *Mining and Quarrying Safety and Health Act 1999*, *Petroleum and Gas (Production and Safety) Act 2004* and *Explosives Act 1999*.

I acknowledge that RSHQ may also use the information contained in the Identity Documents for other purposes permitted by law, including but not limited the *Resources Safety and Health Queensland Act 2020*, *Coal Mining Safety and Health Act 1999*, *Mining and Quarrying Safety and Health Act 1999*, *Petroleum and Gas (Production and Safety) Act 2004*, *Explosives Act 1999*, *Information Privacy Act 2009*, *Right to Information Act 2009* and the *Privacy Act 1988* (Cth).

I understand that my personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld) and RSHQ's privacy policy.

APPLICANT'S SIGNATURE

Signature:	Date: ____ / ____ / ____
Print Name:	

PRIVACY NOTICE

For more information about how RSHQ handles personal information, visit <https://www.rshq.qld.gov.au/privacy> or <https://www.rshq.qld.gov.au/contact>.

FOR OFFICE USE ONLY

Received by: _____ **Date:** ____ / ____ / ____

Verified by: _____ **Date:** ____ / ____ / ____

Verification Status: ☐ Approved ☐ Pending ☐ Requires Follow-up

Notes:
