

Signature Authorisation form

I, _____ (name) consent to Locum Life using the below signature as required in order to facilitate the completion of documentation/ requirements for bodies throughout Australia such as (but not limited to):

Hospitals
State Health Authorities
Medicare
Local Health Services or Medicare Locals
Dept of Health and Ageing (DoHA)

Please note that any time that your electronic signature is used we will advise you of this and send you an electronic copy of the document.

Signed: _____ Date: _____