

A student may complete the OUA 3rd Party Consent Form to authorise another person to act as their representative to act on their behalf.

For example:

- to arrange enrolments (students under minimum age),
- make payment for course fees (students under 16),
- request withdrawal if you are medically unfit to speak on your own behalf,
- suspend studies or request a leave of absence if you are medically incapacitated; or,
- support a student who is incarcerated.

### Further information

1. Fill all sections in BLOCK letters with a black or blue pen.
2. Please refer to the privacy policy on the OUA website.
3. This form does not authorize the Representative to complete questions relating to mandatory Government Higher Education Student statistics data collection or any HELP loan application form.

If you wish to authorise your Representative the Representative to complete questions relating to mandatory Government Higher Education Student statistics data collection or any HELP loan application form you must submit a copy of a Power of Attorney (POA).

4. Please return this form to the Administration Team via email to [adminmailbox@open.edu.au](mailto:adminmailbox@open.edu.au) or post to:

Open Universities Australia  
Administration Team  
GPO Box 5387  
Melbourne VIC 3001

Should you wish to contact the Administration Team by phone you can call:

Phone: 13 OPEN (13 67 36)  
or +61 (3) 8628 2971

### Personal details (student details):

(Please provide your full name as used on official documentation)

OUA ID (if known):

Family Name:

Given Name:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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### Student declaration

I authorise the person whose name and signature appear below (My Representative) to act on my behalf until this Authority is revoked.

I authorise My Representative to:

1. Register my student details with OUA.
2. Seek and exchange Personal Information (refer to the Privacy Policy on Page 3) about me and my account with OUA (including, but not limited to my subject enrolments, results and study plans); and
3. Negotiate with OUA and enter arrangements that are binding on me related to my student account(s); and
4. Access my account for the purposes of advocating on my behalf where the information supports advocacy action(s) and principles including (but not limited) to independence, confidentiality, equal opportunity, accountability and accessibility.

I accept responsibility for all actions carried out on my behalf by My Representative. I acknowledge that while I am an enrolled student, I am subject to OUAs and respective provider universities Terms and Conditions, and the Privacy Policy of OUA.

I acknowledge that this Authority will remain in force until revoked. This Authority will be revoked when OUA receives notice from me or My Representative/s that the Authority is revoked, or when I appoint a subsequent person to act on my behalf after the date of this Authority.

I agree that, I have read the OUA Privacy Policy. Refer to <https://www.open.edu.au/legal/privacy>

### Signature of Student:

(Please provide your full name as used on official documentation)

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Additionally, I authorise My Representative to complete questions relating to mandatory Government Higher Education Student statistics data collection or any HELP loan application form.

Yes No

Is a copy of a Power of Attorney (POA) attached?

Yes No

### Details of Authorised Person (My representative):

Family Name:

Given Name(s):

Relationship to the student:

### Contact details

Contact number:

Email address:

### Postal address

Address line 1:

Address line 2:

Suburb/Town:

Postcode:

State:

Country:

### Signature of Authorised Person (My Representative)

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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### (Office use only)

Action by:

Scanned to OUA student account:

Date:

D	D	M	M	Y	Y	Y	Y
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### Effective to:

TBC

Fixed Date

Agreed Date

Date:

D	D	M	M	Y	Y	Y	Y
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### Next steps:

Email confirmation to student:

Yes

No

Date:

D	D	M	M	Y	Y	Y	Y
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Email confirmation to nominated representative:

Yes

No

Date:

D	D	M	M	Y	Y	Y	Y
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