|  |  |  |
| --- | --- | --- |
| Your privacyThe TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.The *Transport Accident Act 1986* (the Act), states that when requested to by the TAC, a person must sign an authority to release information form. The Act also says that an authority to release information form cannot be revoked until a claim is finally determined. You can email this form to the TAC at info@tac.vic.gov.au |  | The TAC will only use this form to collect relevant information for processing, assessing or managing your claim and we will always advise you when we use the form to seek relevant information.If you do not sign the authority to release information form, the TAC may not be able to make a decision about your entitlement to TAC benefits.If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au |

|  |  |  |
| --- | --- | --- |
| Client details |  |  |
| Client name |  | Claim number |
|  |  |  |
| Client address |  | Date of birth |  | Date of accident |
|  |  |  |  |  |
|  |  |  |

For the attention of The Principal and the Department of Education or Childcare/Early Learning Centre/Kindergarten Director

Please provide to the TAC of 60 Brougham Street, Geelong any information required by it in relation to the child’s learning and development, education and scholastic achievement before and after the transport accident in which the child sustained injuries.

In particular, please provide to the TAC:

* School reports and assessments for the named academic years
* Any school vocational or careers assessments/advice during the above academic years
* Reports of attendance, sick leave and absenteeism during the named academic years
* Any evaluations or transition reports relating to the child’s learning and development

Authorisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of client, parent or guardian |  | Print name |  | Date |
|  |  |       |  |      /     /      |
|  |  |  |  |  |

**INFORMATION REGARDING PREVIOUS AND CURRENT PRIMARY AND SECONDARY SCHOOLS:**

Please list the name, address and contact person/number of the child’s **previous and current** primary and secondary schools (or in the event of pre-school children please provide details of their Maternal Child/Health Nurse, Childcare/Early Learning Centre or Kindergarten):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |