

**CONSENT TO CARELINK FORM**

**Notes:**

- 1 If you have not sought treatment or counselling through Carelink this form does not apply to you.
- 2 If you have sought treatment or counselling through Carelink, you may wish to authorise Carelink and anyone to whom Carelink has referred you to provide information about you to the Compensation Panel to assist the Panel in formulating its recommendations about the ex gratia compensation that you should receive. Carelink will not disclose any information about you to the Panel unless you consent.
- 3 It is up to you to decide whether you want Carelink or anyone to whom Carelink has referred you to provide information to the Panel. If you want it to, you should complete this form.
- 4 If you have sought treatment or counselling other than through Carelink, you may wish to contact your treatment provider and ask them to prepare a report for the Panel.

**TO:** Carelink (including any external professionals to whom I have been referred by Carelink)

I, PAUL HERSBACH

(Full Name)

of REDACTED  
REDACTED

(Address)

am making an application to the Compensation Panel. In support of that application I wish the Panel to be provided with a professional report about my condition, the treatment, counselling and support that I have received and such other matters as Carelink and the Panel consider appropriate. I request that Carelink prepare or arrange for the preparation of a report and provide it to the Panel.

I authorise Carelink (including any external professionals to whom I have been referred) to disclose to the Compensation Panel and its members all information about me that they may request or require to assist them in assessing my claim for compensation. This request includes, without limitation, both information that I have provided or disclosed to Carelink and external professionals and information that they have obtained from other sources.

I authorise Carelink and external professionals to conduct such further enquiries into my condition as they consider appropriate or as the Panel requests.

Tick box if appropriate. I ask Carelink to forward to me by ordinary mail at the address shown above a copy of the report prepared for the Panel.

Paul Hersbach

(Signed)

24/04/06

(Date)

[Signature]

(Witness)

AMANDA RACHEL MÜHLEISEN

REDACTED  
REDACTED

(Full name and address of witness)