

**AUTHORITY**

**To:** Professor Roger Dooley  
Level 7, Suite 82 Silverton Place  
101 Wickham Terrace  
SPRING HIL QLD 4000

I, **JENNIFER INGHAM** authorise you to conduct a full psychiatric and psychological evaluation and to provide a copy of the report to Mr Patrick Mullins, Director of Professional Standards.

Dated: .....

Signed: .....  
**JENNIFER INGHAM**