



# AUTHORISATION FORM

## Community FIM/WeeFIM Assessor List

To be completed in full, signed, dated and returned to [fim@uow.edu.au](mailto:fim@uow.edu.au)

Given Name(s): ..... Surname: .....

Organisation/Business: ..... Postcode: .....

..... State:.....

Phone: ..... Email: .....

FIM ID: ..... FIM Credentialing expiry date: ...../...../.....

- I give permission for AROC to include my above details on the Community FIM/WeeFIM Assessor List for public accessibility on the AROC website.
- I understand it is my responsibility to maintain my credentialing or I will be removed from the list.
- I understand it is my responsibility to inform AROC of any change in my details.
- I acknowledge this list indicates my credentialing status only and is **not** an endorsement by AROC.

Print name: .....

Signed: .....

Date: ...../...../.....

Please return to AROC via email: [fim@uow.edu.au](mailto:fim@uow.edu.au)