# Nomination of Preferred Health Safety and Rehabilitation Provider

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| --- | --- | --- | --- | --- |
| Client Contact Details | | | | |
| Client Name {{jmf\_client\_name}} | | | | |
| License {{jmf\_client\_license}} | | | | |
| Workers’ Compensation Insurer and Policy Number/s: | | | | |
| {{worker\_compensation\_insurer}} {{worker\_policy\_number}} | | | | |
| Address | | | | |
| {{jmf\_client\_address}} | | | | |
| Telephone | Mobile | | Fax | |
| {{jmf\_client\_telephone}} | 0237 010 946 | | {{jmf\_client\_fax}} | |
| Email Address | | | | |
| {{jmf\_client\_email}} | | | | |
| **To Whom It May Concern,**  Please be formally advised that the below named organisation is hereby appointing The DDDDDD Group Pty Ltd to act as our preferred Health, Safety and Rehabilitation Provider in Australia.  At all times, strict confidentiality will be maintained in accordance with State and Federal regulations. | | | | |
| **Organisation name** | | | | |
| {{jmf\_client\_name}} | | | | |
| **Signed and request by** | | | | |
| Signature | | | | |
|  | | | | |
| Name & Position | | | | Date |
| {{jmf\_doc\_generator\_name}} | | | |  |
|  | | | | |
| **THE {{jmf\_health\_service\_contractor}} GROUP** | | | | |
| Signature | | **Level 37**  **xxxxxxxx**  **Sydney NSW 2000**  **Tel: 9999999999**  **Fax: 8888888888**  **feedback@abc.com.au**  **www.abc.com.au**  **ABN: 11 111 111 111** | | |