



The Special Commission of Inquiry into Healthcare Funding

Application for authorisation to appear at a hearing of the Special Commission

Name of the person or organisation seeking leave to appear	
Solicitor representing the person or organisation, if any	Name:
	Firm:
	Email:
	Phone:
Counsel representing the person or organisation, if any	Name:
	Chambers:
	Email:
	Phone:
Contact person(s)	Name:
	Position:
Contact address	
Contact telephone number(s)	
Contact email address(es)	

Practice Guideline 1 sets out the relevant information about seeking leave to appear.

Please lodge this form with an accompanying submission of not more than one page in length setting out the basis upon which it is said that the applicant has a direct and substantial interest in the hearing of the Special Commission.

Please submit this application and the accompanying submission by emailing it to **contact.hfi@specialcommission.nsw.gov.au**