**HANSARD WITNESS FORM**

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| **To ensure accuracy of the Hansard, please PRINT all information.** | |
| This form ensures your basic details (name, title and position) are recorded correctly in the Hansard transcript and allows secretariat staff to contact you for last minute changes to hearing times. Only your name will appear in the Hansard. | |
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| **Mobile:**  **Work number:**  **Email:**  **Teleconference number:**  **Do you have any accessibility requirements (eg. mobility or hearing needs):** | |
| **Are you appearing as a representative of an organisation/department?**  Yes  No  **Position:**  **Organisation:**  **Twitter handle (optional):** | |
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| Job ID:  Name of committee:  House of Representatives  Joint  Senate  Legislation  References  Select | |
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