

Authority to Release Information

In accordance with the National Privacy Principles in the Privacy Amendment (Privacy Sector) Act 2000:

Please complete this consent form to give authorisation for our administration team to contact your previous training organisation to authenticate your Certificate(s)/Statement of Attainment(s); or to release your personal information for the following purposes:

- *to apply for credit transfers and/or recognition of prior learning*
- *to satisfy our legal obligations & our RTO registration requirements*
- *to keep employers informed of their employees training progress (in the case of trainees under a Training Contract; & where that employer has paid on behalf of the employee (student))*
- *to allow 4 Up Skilling Pty Ltd to discharge its duty of care.*

STUDENT/EMPLOYEE TO COMPLETE

I _____ (student/employee name) hereby give my voluntary consent for:

- ☐ 4 Up Skilling Pty Ltd to discuss my training, its progress and outcomes with my employer or supervisor, other training providers seeking validation of course transcripts for recognition purposes, the National VET Regulator, State Training Authorities and/or as required by Law.
- ☐ _____ (name of previous training provider) to disclose information regarding the following educational records to 4 Up Skilling Pty Ltd for the purpose of validating their authenticity:

Certificate or Statement number	Course / Unit of competency name
Certificate #	Name:
Certificate #	Name:
Certificate #	Name:

Name during enrolment: _____

Date of birth: _____

Student signature: _____

Date: _____

Guardian Signature: _____

(required where the student is 16yo or under)