

LEARNER CONSENT FORM (NSW Smart & Skilled Program)



CONSENT TO USE AND DISCLOSURE OF PERSONNEL INFORMATION TO THE NSW DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I _____

(First, middle and last name)

Of _____

(Current residential address)

With date of birth _____

Understand and agree that personnel information (information or an opinion about me), collected from me, my parent or guardian, such as my name, unique student identifier, date of birth, contact details, training outcomes and performance or sensitive personnel information (including my ethnicity or health information) (together **Personal Information**) collected by **REACH for Training** may be disclosed to the NSW Department of Industry (**Department**)

The Department may disclose my personnel information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personnel Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personnel information may also be disclosed to other third-parties if required by law.

I consent to the collection, use and disclosure of my Personnel Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with **REACH for Training** for the purposes of evaluating and assessing subsidised training.

PRINT FULL NAME: _____

Signature: _____ **Date:** _____

Note: if under 18 years of age at the time of given consent, then the consent of the guardian is required

PRINT FULL NAME OF GUARDIAN: _____

Signature of Guardian: _____ **Date:** _____