Privacy Disclosure Form

Section 1 – Personal Details

Full Name:			
Contact Tel:		**Mobile:**	
Address:			
Email:			
Age Declaration:	◯ I am Over 18 Years of age. ◯ I am UNDER 18 Years of age.		

Section 2 – Consent

Description Consent

- ✓ I understand that as part of my enrolment with AAMC Training, a Registered Training Organisation (RTO), personal information collected about me will be submitted to the Australian Government and its agencies. This is required to support the administration, regulation, and evaluation of the Vocational Education and Training (VET) sector.
- ✓ This information is collected and disclosed in accordance with the **Privacy Act 1988**, including the **Australian Privacy Principles (APPs)**, and the **National Vocational Education and Training Regulator Act 2011**.
- ✓ I hereby consent to the release of the information listed below, held by AAMC Training, to the third party nominated below. I understand that I may withdraw this consent at any time by notifying AAMC Training in writing.

Information permissible to be given to the third party:

☐ Training Attendance	☐ Certification Documentation
☐ Training Location	☐ Assessment Results
☐ Personal information	☐ Other (Please specify): _____

Section 3 – Third Party

Full Name:			
Contact Tel:		**Mobile:**	
Address:			
Company:			
Title/Position:			
Email:			

Section 4 – Authorisation (Sign by hand with pen or insert digital signature – please do not type your signature)

Signature:		**Date:**	

Legal Guardian (if Under 18 years of age) :

Signed:		**Relationship:**	
Print Name:		**Date:**	