

Student Authorisation Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy

CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Personal Details <i>(Please tick the box)</i>			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Given Name:		Middle Name:	
Last Name:		Student ID No:	
Date of Birth:			
Email:			
Mobile Number:			
Course(s):			
2. Authorisation			
<p>Auscare Training Organisation does not disclose any personal information under the Privacy Act 1988 and Freedom of Information Act 1992 (WA) unless Auscare Training Organisation is under the legal obligation to do so. In line with these acts Auscare Training Organisation will require the consent from their staff and students in writing to release any personal information.</p>			
<p>Personal information disclosed to NCVER may be used or disclosed for the following purposes:</p> <ul style="list-style-type: none"> • Issuing a VET Statement of Attainment, VET Qualification, or populating Authenticated VET Transcripts • facilitating statistics and research relating to education, including surveys and data linkage • pre-populating RTO student enrolment forms • understanding how the VET market operates, for policy, workforce planning and consumer information, • administering VET, including program administration, regulation, monitoring, and evaluation. 			
<p>You may receive an NCVER student survey which may be administered by an NCVER employee, agent, or third-party contractor. You may opt-out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (CT), the VET Data Policy, and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to https://www.ncver.edu.au/privacy</p>			
<input type="checkbox"/> I hereby authorise Auscare Training Organisation to provide information about my award(s).			
Student's Signature:		Consent Date:	