

REQUEST FORM – AUTHORITY TO ACT



You (Student) can use this form to request another person to act on your behalf to discuss any matters relating to your Partners in Training Australia (RTO#21837) enrolment(s), which include but not limited to invoices, payments, attendance, academic results and testamurs.

Please email the completed **SIGNED** form to privacy@pta.edu.au. You can also submit this request in-person to your designated training coordinator.

Please note that your request will NOT be processed for incomplete form.

Your (Student's) Details	
Surname	
Given Name(s)	
Date of Birth	
Contact Address	
Contact Phone	
Contact Email	
Your Requested Person's Details (The person who will act on your behalf)	
Surname	
Given Name(s)	
Date of Birth (if known)	
Contact Address	
Contact Phone	
Contact Email	
Relationship to you	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Case manager from a Job Network Provider <input type="checkbox"/> Other, please specify
Student Declaration	
I approve for the above individual to act on my behalf to discuss any matters relating to my enrolment.	
Signature	Date Signed
<i>For applicant under the age of 18 at the time of the request, this form must be signed by a guardian.</i>	
Guardian Name	
Guardian Signature	Date Signed
Please send the completed and signed form to the Privacy Officer at privacy@pta.edu.au . Alternatively, you could submit the request in person to your designated training coordinator.	