

**REQUEST FORM – RECORD ACCESS**



Please complete this form to access a Partners in Training Australia (RTO#21837) student’s personal information and/or course progress. Please email the completed **SIGNED** form to [privacy@pta.edu.au](mailto:privacy@pta.edu.au).

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

*If you would like to obtain a student’s timetable or course information sheet, or if you are paying relevant fees on behalf of the student and would like an invoice, you do not need to complete this form. Please contact the designated training coordinator directly.*

| Third Party Details  |  |
|--|--|
| Full Name  |  |
| Organisation   |  |
| Postal Address   |  |
| Contact Phone  |  |
| Contact Email  |  |
| The Student to whom this request relates <i>(whose personal information record you wish to access)</i>   |  |
| Student’s Name   |  |
| Qualification  |  |
| Contact Email  |  |
| Contact Address  |  |
| Your Relationship to the Student   | <input type="checkbox"/> Case manager from a Job Network Provider<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Other, please specify  |
| Access Request <i>(only required to complete relevant section)</i>   |  |
| Information Required<br>Please describe the information you wish to access   | <input type="checkbox"/> Attendance Record/s<br><input type="checkbox"/> A copy of Record of Results <i>(by mail only)</i><br><input type="checkbox"/> Other, please specify <input type="checkbox"/> Assessment/s<br><input type="checkbox"/> A copy of Certificate/Statement of Attainment <i>(by mail only)</i> |
| Format requested<br>What format /method would you like us to use to provide access to you?   | <input type="checkbox"/> By Email <i>(excluding Record of Results/Certificate/Statement of Attainment)</i><br><input type="checkbox"/> Other, please specify <input type="checkbox"/> By Mail <i>(Record of Results/Certificate/Statement of Attainment is by mail ONLY)</i>                                       |
| In making this request, I understand that Partners in Training Australia will confirm the identity of parties involved in the request when necessary, assess the request made and either action or refuse my request within 5 business days. If refusing my request, Partners in Training will provide this notification in writing with further information on the reasons and options in that situation. |  |
| <b>Third Party Signature:</b>  | <b>Date Signed:</b>  |
| <b>Student Signature:</b>  | <b>Date Signed:</b>  |
| <i>If the student is under the age of 18 at the time of the request, this form must be signed by a guardian</i>  |  |
| <b>Guardian Name:</b>  | <b>Date Signed:</b>  |
| <b>Guardian Signature:</b>   |  |
| Please send the completed and signed form to the Privacy Officer at <a href="mailto:privacy@pta.edu.au">privacy@pta.edu.au</a> .   |  |