



TRAINING FOR BUSINESS

JKR Training for Business Pty Ltd

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CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF INDUSTRY, SKILLS and REGIONAL DEVELOPMENT AND OTHER GOVERNMENT AGENCIES

I _____
(First, middle and Surname)

Of _____
(current residential address)

With birth date ____/____/____

Understand and agree that personal information (information or opinion about me) collected from me, my parent or guardian, such as name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information (together Personal information) collected by JKR Training may be disclosed to the Department of Industry, Skills and Regional Development (Department).

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

The above government agencies may use my personal information for any purpose relating to the exercise of their government function, 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 Exemption or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my personal 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 JKR Training for the purpose of evaluation and assessing my subsidised training

PRINT FULL NAME: _____

SIGNATURE: _____

Note: If under 18 years of age at the time of giving consent, then consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____