

Authority to release information to a third party

Please return the completed form to the Department of Education and Training:

Email: apprenticeshipsinfo@qld.gov.au

Fax: (07) 3109 7979

Post: Training Queensland Customer Centre, PO Box 820, Lutwyche Q 4030

Completing and signing this form will allow a representative from the Department of Education and Training to discuss aspects of the apprenticeship or traineeship matter that you have authorised below, with a person nominated by you and release information from departmental records relating to you to that person. This form only authorises the department to provide or receive information from your nominated person about the apprenticeship or traineeship records you have authorised and not any other records held by the department.

Authorising person

Your full name: _____

Indenture/registration number (if known): _____
(This number appears on documentation received from the department)

Date of birth: ____ / ____ / ____

Current address: _____

Mobile: _____ Work phone: _____ Home phone: _____

Email: _____

I, the above named person, **AUTHORISE** the Department of Education and Training to release and discuss the following details relating to my apprenticeship or traineeship with the nominated third party identified below. I acknowledge that if I wish to cancel/amend this third party's access to my information, I must advise the department of the change. I also acknowledge I have given this authority freely and with no limitation.

Apprentice/trainee signature: _____ Date: ____ / ____ / ____

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- OPTION 1:** I authorise information relating to completion documentation and/or extracts of service to be discussed with the third party person below (e.g. verification of authenticity of documentation supplied).
- OR
- OPTION 2:** I authorise ALL information relating to my training contract(s), including information regarding any apprenticeship or traineeship travel and accommodation subsidy claims I may make, to be provided to the third party person below until I advise otherwise.
- OR
- OPTION 3:** I authorise ONLY the following information, or information relating to a particular training contract, to be provided to the third party person below. I have listed what information I authorise the department to provide:

Nominated person or organisation

Full name: _____

Organisation (if relevant): _____

Address: _____

Phone number: _____

Email: _____

Relationship to applicant (if relevant): _____

If **OPTION 2 or 3** is chosen, please provide date of birth (for identification purposes): ____ / ____ / ____

Privacy Notice - The Department of Education and Training (DET) is collecting this information in order to record the permission you have given to provide your personal information, as detailed in this form, to the person/s you have nominated. This information will be recorded in DET's DELTA database. Where your address details on this form differ from the details already held by DET, this information will be used to update the personal details held in DET's DELTA database. Your information will not be disclosed to any other person or agency unless you have given us permission or it is required or authorised by law.