



Smart & Skilled and Ace Declaration Form

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION AND OTHER GOVERNMENT AGENCIES

I, (Full name) _____

of (Current residential address) _____

date of birth / /

Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performances, or sensitive personal information, (including my ethnicity or health information) (together Personal Information) collected by South Coast Careers Colleges may be disclosed to the Department of Education (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 a purpose relating to the exercise of their government functions, including but no limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidized training or for any Fee Exemptions 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 subsidized training with South Coast Career Colleges for the purpose of evaluating and assessing my training.

Print Full Name : _____

Signature: _____ **Date:** _____

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

Print Full Name of Guardian: _____

Signature of Guardian: _____ **Date:** _____

Eurobodalla Adult Education Centre Inc trading as South Coast Careers College, Adult Ed Community College RTO 6558

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