



## ACCESS TO PERSONAL INFORMATION REQUEST FORM

Getabout Training Services respects the privacy & confidentiality of its personnel & clients who use our products & services. A student / individual can access and seek correction of their personal information held by Getabout Training Services as outlined later in our privacy policy, in sections: 12APP and 13APP.

All requests for access to personal information including a certificate reprint must be in writing as the student / individual must be able to identify themselves and verify their identity prior to any information being disclosed.

Requirements for proof of identity are:

- Full legal name
- Date of Birth
- Serial number on I.D. given at time of enrolment such as driver's licence, passport or birth certificate (If recorded)
- USI Number
- Student's address at time of certificate issuance

Request Sections:

1. Third party release for qualification
2. Reprint of issued qualification
3. Change request for incorrect details
4. Legally changed name – requesting re-issuance of qualification with new legal name
5. Authorisation to provide verification of issued qualification

*Please complete the following details*

Given Name/s					Date of Birth	DD / MM / YYYY		
(Family/last) Surname					Gender:(circle)	M	F	X
Title: (circle)	Ms.	Mrs.	Mr.	Dr.	Other _____	Mobile No		
Email address					Alternate No			
Street Address					STATE	P/CODE		
Email address					Alternate No			
USI Number: Unique Student Identifier								

*Please tick the appropriate box that you are making a request for and complete the required details*

<b>1</b>	<i>Authority to View Documents (Commonwealth Privacy Act 1988) Third Party Release. Only complete this section if a copy of your Certificate or Statement of Attainment is to go directly to a third party: Employer/Association</i>							
Qualification details	Code				Title			
	Code				Title			

↑ Tick box	<b>Third Party Release Declaration:</b>						Learner Signature:( <i>sign below</i> )		
	I, _____, give permission to Getabout Training Services to release <i>(Insert full legal name)</i>								
	my result and/or a copy of my Certificate/Statement of Attainment (SoA) for the purpose of recording my Certificate/SoA/result to: _____ <i>(Insert organisation's name to release result/certificate/SoA)</i>						Dec. Date: DD / MM / YYYY		
Email to: _____									



<b>2</b>	<i>To email me a reprint of the originally issued Certificate/Statement of Attainment (SoA)</i>				
Qualification details	Code		Title		
	Code		Title		
↑ Tick box	Learner Signature			Dec. Date:	DD / MM / YYYY

<b>3</b>	<i>Complete the appropriate below fields that are incorrect in our records with the correct information. Leave fields blank that are currently correct.</i>							
Given Name/s			Date of Birth		DD / MM / YYYY			
(Family/last) Surname			Gender:(circle)		M   F   X			
Title: (circle)		Ms.	Mrs.	Mr.	Dr.	Other_____	Mobile No	
Email address			Alternate No					
Street Address			STATE		P/CODE			
↑ Tick box	I declare that all of the information above is accurate and true. Supporting evidence has been included.		Learner Signature		Dec. Date:	DD / MM / YYYY		

<b>4</b>	<i>You have legally changed your name and you are requesting to have your qualification re-issued with your new legal name. State new legal name. Note that upon application a processing fee of \$50 will need to be paid.</i>					
Qualification details	Code		Title			
	Code		Title			
Given Name/s						
New (Family/last) Surname						
Title: (circle)		Ms.	Mrs.	Mr.	Dr.	Other_____
↑ Tick box	I declare that all of the information above is accurate and true. Supporting evidence has been included.		Learner Signature		Dec. Date:	DD / MM / YYYY



<b>5</b>	<i>You are authorising the below specified person and/or business/organisation to request and receive verification that your issued qualification by Getabout Training Services is genuine.</i>				
Qualification details	Code		Title		
	Date issued	DD / MM / YYYY	Certificate Number		
	Code		Title		
	Date issued	DD / MM / YYYY	Certificate Number		
Requestor Name					
Business / Organisation Name					
Email Verification Result to					
↑ Tick box	I give permission for Getabout to authenticate my Certificate/SoA	Learner Signature		Dec. Date:	DD / MM / YYYY

<b>OFFICE USE ONLY</b>					
Received and actioned by				Date	___ / ___ / ____
Request has been correctly completed	Yes / No	Identity of person making request has been confirmed	Yes / No		
Section 1	PDF copy of Student's Certificate/Statement of Attainment has been sent to nominated third party				Yes / No / N/A
Section 2	PDF copy of Student's Certificate/Statement of Attainment has been sent to the Student				Yes / No / N/A
Section 3	Correction of personal information has been made				Yes / No / N/A
Section 4	Qualification has been re-issued with Student's new legal name and sent				Yes / No / N/A
	Fee has been paid				Yes / No / N/A
Section 5	Qualification has been checked if authentic. Result has been provided to nominated recipient				Yes / No / N/A

**Related Standard/s:** Clause 8.5 and 8.6