

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

I _____
(first, middle and last name)

Of _____
(current residential address)

With 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 performance, or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by St George & Sutherland Community College Inc (SGSCC) (Provider No: 7091) may be disclosed to the Department of Industry (**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 functions, 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 Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I have provided SGSCC with my personal information in connection with the Notification of Enrolment Process which is true, accurate, complete and not misleading in any way.

I also confirm that I have been given by SGSCC details of the Fee chargeable as well as the Student Information regarding my course. I am aware of my rights and obligations and can access these at www.sgsc.edu.au. I have also been told that I may access all information on Smart and Skilled at <https://smartandskilled.nsw.gov.au/> including options for making a complaint or provide feedback of the training I receive. Alternatively I may phone Smart and Skilled on 1300 772 104.

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 SGSCC for the purposes of evaluating and assessing my subsidised 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:** ___ / ___ / ___

Office only:

Verbal consent given: Date: _____ By: _____