Privacy Consent Form

Full name			
Date of birth	Click here to enter a date.	**Student ID**	
Email contact			
Phone contact			
Course Title/Code:			
Trainer/Assessor			

Section 1: Collection of Personal Information

- We may collect and store the following personal information about you:
- Full name, date of birth, contact and address details
- USI (Unique Student Identifier)
- Emergency contact information
- Information related to your education, training history, and assessments
- Health, medical, disability, or learning support needs (if applicable)

Section 2: Use and Disclosure of Information

Your information may be shared with:

- Government agencies (e.g. ASQA, NCVER, DET, Services Australia)
- Employers (for work-based training or traineeships)
- Third-party service providers (e.g. LMS, SMS providers)
- Law enforcement or legal bodies (as required by law)

We do not sell or distribute your information to unrelated third parties without your consent.

Section 3: Storage and Security

Your records are stored securely in both digital and physical formats and are protected from unauthorised access, misuse, or loss in line with our Data Privacy and Record Keeping Policy.

Section 4: Student Consent Declaration

Please tick:

☐ I understand the purpose for which my personal information is collected.

☐ I consent to Australian College of Heath and Community collecting, using, and disclosing my personal information for training, support, compliance, and reporting purposes.

☐ I am aware that I can access or request correction of my personal records at any time.

☐ I acknowledge that I have read and understood Australian College of Heath and Community's Privacy Policy.