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| **ACCESS TO RECORDS REQUEST** | | |
| **INSTRUCTIONS:**   * Please fill out this form using BLOCK letters and attach a copy of your ID (e.g. drivers licence).   **Privacy Statement**  MTC Austalia collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MTC’s contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy. | | |
| Student’s Name: | | |
| Address: | | |
| Phone Number: | Email: | |
| Course Name (e.g. Certificate II in Business): | | |
| **I would like to request access to records of my** (please tick): | | |
| Enrolment | Assessments outcomes | |
| Attendance | Fee payments | |
|  | | |
| **I would like to view the record(s)** (please tick): |  | |
| In original hardcopy at an MTC Australia site | A report from the MTC database | |
| **Please briefly explain the reason for your request.** | | |
| **Declaration** | | |
| *I understand that if I choose to view my records in original hardcopy an MTC staff member will be present and that under no circumstances may I take any documents/evidence from my file.* | | |
| **Signature:** ………………………………………………………….……………………… | | **Date**: ………………………. |

**PLEASE SUBMIT THIS FORM TO MTC AUSTRALIA WITH A COPY OF YOUR ID ATTACHED**

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| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| *Please tick* | | Proof of identity verified **AND** | |
|  | | Report of records emailed/posted to student  Confirmation phone call/emailmade to arrange viewing  File Note added to client record on JR (Notes) – Records Provided  Remove/blackened out any information about another person  Do not provide copies of any medical (including psychiatric and psychological records)  other then records actually supplied by the person to whom access is being provided  Do not provide information provided by other third parties | |
| Viewing Date: | Viewing Time: | | Assigned Staff Member’s Name: |