

Access to Personal Information Request Form

Australia Wide First Aid respects the privacy and confidentiality of its personnel and clients who use our products and services.

A student / individual can access and seek correction of their personal information held by Australia Wide First Aid 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.

<p>Requirements for proof of identity are:</p> <ul style="list-style-type: none"> 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 	<p>Request Sections:</p> <ol style="list-style-type: none"> 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
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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 _____
Email address					Alternate No
Street Address					STAT E
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

1	<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		
<div style="font-size: 2em; color: red;">↑</div> Tick box	Third Party Release Declaration: I, _____, give permission to Australia Wide First Aid to release my (Insert full legal name) result and/or a copy of my Certificate/Statement of Attainment (SoA) for the purpose of recording my Certificate/SoA/result to: _____ (Insert organisation's name to release result/certificate/SoA) Email to: _____				Learner Signature:(sign below) _____
					Dec. Date: DD / MM / YYYY

2		<i>To send 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		
3		<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				
Email address						Alternate No					
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		
4		<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 \$22 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		

OFFICE USE ONLY			
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