

INFORMATION RELEASE CONSENT FORM



Document Number: A4164

Version: 5.0

Published: 13/01/2023

Related Document

Metro Academy Operations Manual - A4931

General Information

Metro Trains Melbourne Pty Ltd (Metro Academy) will not share your training records and/or personal information with third parties external to Metro Academy without written consent, unless required by law.

You may choose to authorise Metro Academy to disclose your training records or information pertaining to your training to a nominated third party by completing and submitting this form.

You have the right to revoke the authorisation at any time by notifying Metro Academy in writing.

All requests to release your personal information **must** be accompanied by photo identification; e.g. Drivers Licence or Passport.

What you need to do

Step 1 - Read the General Information and complete all sections of this form.

Step 2 - Once all sections have been completed, submit the form with supporting photo identification to metroacademy@metrotrains.com.au for processing.

The nominated third party will receive a copy of your training records within five (5) business days of your request being received.

NOTE: If photo identification is not provided, your request will not be processed.

Training records will only be provided via email to the third party nominated on this form. You **must** nominate an individual, simply nominating an organisation cannot be accepted.

If you would like to access your training records and not nominate a third party, please complete A4276 Request for Access to Records. If you are withdrawing from a course you may still be eligible to receive a Statement of Attainment for any assessments submitted and a competent outcome received.

Section 1 – Learner Details

Name		Date of Birth	
Address			
Suburb		Postcode	
Email			
Phone		Mobile	
Unique Student Identifier (USI)			
Rail Industry Worker (RIW) No. (if applicable)			



Section 2 – Request Details

Details of training records requested

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Section 3 – Nominated Third Party Details

Name			
Address			
Suburb		Postcode	
Email			
Phone		Mobile	
Organisation <i>(if applicable)</i>			

Section 4 – Declaration and Signature

Declaration

I declare that the information provided in this form and all attachments is true and accurate.

I hereby authorise Metro Academy to release my training records or information pertaining to my training to the third party nominated on this form.

Signature of Learner

Date

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Metro Academy Office Use Only

Date Request Received		Identification Verified By	
Request Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Granted	
Processed By		Signature	
RTO Manager Name <i>(or authorised representative)</i>			
RTO Manager Signature <i>(or authorised representative)</i>			
Date Released		Released By	
Signature			