

This form is to be completed by people requesting the following information:

- Copy of Enrolment and Student Agreement Form
- Competency Records
- Progress and Learning Reports
- Copy of completed Assessment Tasks
- All other reports

While Inclusion Training will endeavor to meet all requests for information, please note that some content is subject to regulatory or legislative constraints that prevent material from certain items being shared.

Personal details of student:

Surname: _____ Title: Mr Mrs Miss Ms
First Name: _____ Middle name: _____
Phone: H _____ Mobile: _____
Email: _____
Address: _____ Postcode: _____
Course:

Course in Initial General Education for Adults <input type="checkbox"/>	Certificate 1 in General Education for Adults (Introductory) <input type="checkbox"/>	Certificate 1 in Transition Education (<i>Discovery Program</i>) <input type="checkbox"/>
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Personal details of person making request (if different to above):

Surname: _____ Title: Mr Mrs Miss Ms
First Name: _____ Middle name: _____
Phone: H _____ Mobile: _____
Email: _____
Address: _____ Postcode: _____
Relationship to student:

Guardian or parent with written permission to view student files	<input type="checkbox"/>
Case/Support Coordinator with permission to view student files	<input type="checkbox"/>
Other as indicated by student	<input type="checkbox"/>

Relevant details: _____

I (insert name) _____ wish to access Inclusion Training records or personal information about the student named on Page 1 of this form.

Please provide details of the information requested and intended use:

Signature:

Name: (print).....

Date:

Office Use Only

Verification of person making request Yes No

Request approved Yes No

Date.....

Authorised Staff Member's Name (print)

Signature: