



**AUTHORISATION FORM  
REQUEST FOR ACCESS TO CONFIDENTIAL RECORDS**

<b>Applicant Name</b>		<b>Date</b>	
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<b>Contact Details</b>	<b>Please describe the nature your association with the RTO</b> (e.g. Student, Trainer, Government Authority, Contractor, Employer etc.)		
	<b>Postal Address:</b>		
	<b>Contact number:</b>		
	<b>Email:</b>		

Record(s) to be Accessed	Reason and/or Purpose for Access

<b>Written Consent Provided</b> <i>(if applicable)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Date</b>	
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(Signature)		<b>Date</b>	
Authorisation (Print Name)			
(Position)			