

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.

Requirements for proof of identity are:

- 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

Request Sections:

- 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

				Please	comple	te the f	ollowing det	ails						
	Given	Name/s							Date	of Birth	DD	<u>/ MM /</u>	YYYY	
(Fam	ily/last) S	Surname							Gende	r:(circle)	М	F	Х	
Qualification details Code		Ms.	Ms. Mrs. Mr. Dr. Other						obile No					
	Email	address							Alter	nate No				
	Street	Address										STAT P/CODE E		
	Email	address							Alter	nate No				
USI Number: Unique Student Identifier														
	Please	tick the	appropr	iate box	that you	are ma	king a reque	st for and	complete	e the req	uired	details	5	
1							cy Act 1988) T nent is to go d							
Qual		Code			Tit	le								
		Code			Tit	le								
	Third Party Release Declaration:									Learner Signature:(sign below)				
Tick	I,, give permission to Australia Wide First Aid to release my (Insert full legal name)													
box	result and/or a copy of my Certificate/Statement of Attainment (SoA) for the purpose of													
	recording my Certificate/SoA/result to:									Dec. Date:	DD.	<u>/ MM /</u>	YYYY	
	(Insert organisation's name to release result/certificate/SoA)													
	Email to:													



2		To ser	nd me a	reprint o	of the	origin	ally i	ssued Certific	cate/State	ment of A	Attainme	ent (S	oA)		
Qual	lification Code details					Title									
		Code				Title									
Tick box	Sig	earner Inature									Dec. Date:	DD J MM J YYYY			
3	Cor	nplete the	e appro					re incorrect in k that are cur			the corr	ect in	forma	ition.	
Given Name/s													DD <u>/ MM / YYYY</u>		
(Family/last) Surname										Gender:	М	F	Х		
Title: (circle)			Ms.	Mrs.	Mr	. [Or.	Other		Мо			·		
Email address						,				Altern	ate No				
	Street	Address										STA	TE	P/CODE	
Email address									Altern	ate No					
Tick box					Learner Signature						Dec. Date:	DD /	MM	YYYYY	
4	You			y	our n	ew leg icatior	ıal na	are requesti ame. State ne rocessing fee	ew legal na	ame.			issue	d with	
Qualification Code details					Title										
		Code				Title									
Given Name/s															
New (Family/last) Surname															
	Title: (circle)		Ms.	Mrs.	Mr	. [Or.	Other							
I declare that all of the information above is accurate and true. Supporting evidence has been included.			Learner Signature						Dec. Date:	DD /	MM	I YYYY			



OFFICE USE ONLY										
Received an actioned by	. ~		Date	/						
Request ha	s been	correctly completed Yes / No Identity of person making required has been confirmed						Yes / No		
Section 1	PDF c sent to	been	Yes / No / N/A							
Section 2	tion 2 PDF copy of Student's Certificate/Statement of Attainment has been sent to the Student							Yes / No / N/A		
Section 3	Correc	Yes / No / N/A								
Section 4	Qualification has been re-issued with Student's new legal name and sent							s / No / N/A		
	Fee has been paid						Yes / No / N/A			