

NSW Smart and Skilled Student Consent (May 2023)

Student Consent	
I CONSENT TO THE USE AND DISCLOSURE OF MY PERSONAL INFO	RMATION TO THE DEPARTMENT OF EDUCATION,
COMMUNITIES AND OTHER GOVERNMENT AGENCIES.	
(5)	Date of birth
(First, middle and last Name)	
Of,	
(Current residential address)	
I understand and agree that under the National Vocational	
Requirements) Instrument 2020, is required to collect pers	
collected from me, my parent or guardian, such as my nam	
	ormation (including my ethnicity or health information) and
other enrolment and training activity-related information (-
Information to the National Centre for Vocational Education	
	on contained on this form and my training activity data) may
	tistical, regulatory and research purposes. Axiom Compliance
Learning may disclose my personal information for these p	
School – if I am a secondary student undertaking VET, inclu Employer – if I am enrolled in training paid by my employer	
Commonwealth and State or Territory government departr	
, -	ions (including the Department) conducting student surveys;
and Researchers.	ons (including the Department) conducting student surveys,
	isclosed for the following purposes: issuing a VET Statement
of Attainment or VET Qualification, and populating Authent	
	the VET market operates, for policy, workplace planning and
	ogram administration, regulation, monitoring and evaluation.
I may receive an NCVER student survey which may be admit	
contractor. I may opt out of the survey at the time of being	
• • • • • • • • • • • • • • • • • • • •	rmation in accordance with the <i>Privacy Act 1988</i> , the VET Data
Policy and all NCVER policies and protocols (including those	•
The Department may disclose my Personal Information to d	
located in States and Territories outside New South Wales.	, , , , , , , , , , , , , , , , , , ,
The above government agencies may use my Personal Info	rmation for any purpose relating to the exercise of their
	luation and assessment of my training, the determination of
my eligibility to receive subsidised training or for any Fee Ex	xemptions or Concessions.
My Personal Information may also be disclosed to other thi	ird parties if required by law. I also acknowledge and agree
that the Department may contact me by telephone, email	or post during or after I have ceased subsidised training with
Axiom Compliance Learning for the purposes of evaluating	and assessing my subsidised training.
I declare that the information I have provided	to the best of my knowledge is true and correct.
I consent to the collection, use and disclosure o	of my Personal Information in the manner outlined above.
FULL NAME:	
SIGNATURE:	DATE:
Note: If under 18 years of age at the time of giving consent, then	
PRINT FULL NAME OF GUARDIAN:	
SIGNATURE OF GUARDIAN:	DATE:
JIGHT ON GOARDIAN.	Pri E