



The Management School Sydney

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____

(First, middle and last Name)

of _____

(Current residential address)

with date of birth _____

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) collected by **The Management School Sydney** may be disclosed to the Department of Education and Communities.

The Department of Education and Communities may disclose my personal information to other Australian government agencies, including those located in states and territories outside New South Wales.

The above government agencies may use my personal information for any purpose relating to the exercise of their government functions, including but not limited to the evolution and assessment of my training, the determination of my eligibility to receive subsidised training or for any free Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my personal information in the manner outlined above.

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 **The Management School Sydney** for the purpose of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ___ / ___ / ___

Note: if under 18 years of age at that time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** ___ / ___ / ___