



SpraySMART

Trainer Services Pty Ltd RTO: 40867

T/as SpraySMART, Sydney Training Services and Rural Training Services

Request for Access to Student Records

INSTRUCTIONS FOR USE OF THIS FORM:

1. This form is to be used for formally requesting access to client/student records held by SpraySMART Training. Course participants/graduates wishing to access their records should complete Section One.
2. Others who wish to access client records other than for the purpose of updating or auditing are required to have authorisation by the individual whose records they wish to access and should also use this form, must complete Sections One and Two.
3. Once completed, this form should be submitted to SpraySMART Training via one of the options listed below.
4. All requests must be accompanied by a copy of ID for the individual in order to verify their identification and acceptance of the below form.

***NOTE:** as per ASQA's condition of registration for SpraySMART, student assessment records will only be maintained for 18 months unless required for licencing or other purposes. For this reason, any requests for assessment records older than 18 months may not be fulfilled.

All persons applying for access to student records must complete this form*

Section 1: Student Records Request

Surname									
First Given name									
Phone Number			Date of Birth.						
Email Address									
Course Title			Course Code						
Certificate Number									
Reason(s) for request, if any									
By completing the below declaration, I have confirmed my approval for SpraySMART to access my personal records and provide them directly to myself or to the third party as provided in Section Two of this document. I have attached proof of my identity to this request as verification.									
Signature						Date			

Section 2: Third Party Details

Please provide the details of the individual/company requesting access to the student records and the reason for this request. Please note that this will be confirmed with the student prior to consideration of approval.

Surname			
First Given name			
Phone Number			
Email Address			
Reason(s) for request, if any			
By completing the below declaration, I have confirmed my approval for SpraySMART to access my personal records and provide them directly to myself or to the third party as provided in Section Two of this document. I have attached proof of my identity to this request as verification.			
Signature		Date Requested	

CEO Action

Authorisation must be granted by either the CEO for the release of any records from SpraySMART. The authorising officer must sign and date below confirming this approval:

Name:			
Authorisation	Approved		Not approved
Reason for decision			
Signature		Date	

WHAT WILL HAPPEN NOW?

- If a third party has requested access to the records, SpraySMART will confirm with the student via the contact details above that they have authorised access to their record. Once this has been confirmed the third party will be contacted to organise a suitable time for access to be granted.
- If a client has requested access to their records SpraySMART will contact them to organise a suitable time for access to be granted.

*Note that under no circumstances are personal records to be provided or removed from the organisation.

**Please return to
SpraySMART
P.O. Box 367 Kurrajong NSW 2758
dan@spraysmart.com.au**