



Bedford College

Legal Name: Baptist Business College Ltd (ABN 99 000 049 187)
Postal Address: Private Bag 8, Glebe NSW 2037
Glebe Campus: 54 Parramatta Road, Glebe NSW 2037
Norwest Campus: 2 Columbia Court, Baulkham Hills NSW 2153
Telephone: 1300 174 174 **Facsimile:** 02 8572 3261
Email: info@bedford.edu.au
Website: www.bedford.edu.au
RTO I.D. 90301 **ABN:** 99 000 049 187



INTERNATIONAL Child Care College

Address: 146 Lambton Road, Broadmeadow NSW 2292
Postal Address: PO Box 59, Adamstown NSW 2289
Telephone: 02 4956 4333 **Fax:** **Facsimile:** 02 4956 4433
Email: info@childcarecollege.com.au
Website: www.childcarecollege.com.au
RTO I.D. 90081
ABN: 53 108 658 706

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 (USI), date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by **Bedford College** and **International Child Care College** may be disclosed to the Department of Education and Communities (**Department**).

The Department 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 evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee 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 **Bedford College** and **International Child Care College** for the purposes of evaluation and assessing my subsidised training.

PRINT FULL NAME OF STUDENT: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

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

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____