Government of South Australia
Department for Education

**Participant Number**

To be completed by Training Providers

## Participant Agreement Form - Collection and Use of Personal Information

**I**

*First Name* *Middle Name* *Last Name*

**of**

*Current residential Address*

**Date of Birth:** / / acknowledge and agree that:

1. I wish to participate in an activity funded by Department for Education;
2. I accept that the Minister for Education, Training and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Department for Education;
3. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Department for Education will be undertaken by a training provider who has a Contract with the Minister. I accept that foundation skills training may be a condition of eligibility if identified as a requirement in the training provider's assessment;
4. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Department for Education. I consent to the Minister, its employees, agents and contractors using this information for the performance measurement and reporting activities;
5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the *Student Identifiers Act 2014*) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Department for Education and to record and track my progress through the activities funded.
6. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
   - registered training organisations who have a current Contract with the Minister;
   - other South Australian government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and/or compliance;
   - Commonwealth government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance; and
   - government agencies (including regulators) in other Australian states and territories responsible and/or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance.
7. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
   - statistical reporting and analysis in respect to training outcomes and the program;
   - undertaking an evaluation of the training;
   - promoting the training (or any other program run by the Minister which relates to training);
   - assessing quality of training;
   - recording the information about my training;
8. I agree to notify the Minister if the Personal Information outlined above changes;
9. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.

## Participant Declaration

I hereby consent to the collection and use of my Personal Information in the manner outlined above.

**Applicant Signature:** **Date:** / /

*Note: Applicants under 18 years of age who identify as independent can sign this registration form independently.*

**Guardian Name:** **Guardian Signature:** **Date:** / /

*Note: If the student is under 18 years of age and identifies as being an independent minor at the time of giving consent, a Guardian signature is not required.*