**National Workforce Development Fund (‘the Program’)**

I understand that:

* + 1. **insert name of Registered Training Organisation** will collect my personal information for the purposes of training and assessment, reporting, administration and evaluation of the Program;
		2. **insert name of Registered Training Organisation** may disclose my personal information to the following:
		- the Department of Education, Employment and Workplace Relations (DIISRTE);
		- **insert name of Industry Skills Council**; and
		- the contractors or agents of any of the above organisations.
		1. the purposes of the above disclosure may include:
		- reporting, administration, and evaluation of the Program;
		- verifying or reporting on my progress in the Program; and
		1. **insert names of ISC and Participating Organisation** and DIISRTE may also disclose my personal information to another party without my consent where authorised or required by law.

I consent to release of my personal information for the above purposes.

…………………………………. ……………………………

*(Signature of participant) (Date)*

If the above statement was read to you, please indicate the person who assisted you.

………………………………….. ……………………………..

*(Name) (Relationship)*