

TSA INDEPENDENT SCHOOLS

Privacy Consent Form



Please complete this form:

GIVEN NAME/S

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

MALE

FEMALE

OTHER

PRIVACY NOTICE - TSA INDEPENDENT SCHOOL

I understand that:

- a) TSA Independent School will collect my personal information to administer, evaluate or monitor the Program and may disclose it to the Department of Education for such purposes.
- b) my personal information may be disclosed by the department of Education or by TSA Independent School to the following people or organisations for the purposes below:

YES

YES

DEPARTMENT OF EMPLOYMENT

Personal information that could be disclosed:

- Name, age and if relevant, income support payment type, Job Seeker ID.

For the purpose of analysis and management of Australian Government programs.

CENTRELINK

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Centrelink Reference Number (CRN)
- Date of enrolment, enrolment status
- Payment type
- Attendance

Purpose: The Department may disclose your personal information to Centrelink if you are receiving support that requires your participation in the Youth Connections Program and the disclosure is required or authorised by law.

DEPARTMENT OF EDUCATION, QCAA, AND NCCD

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Centrelink Reference Number (CRN)
- Date of enrolment, enrolment status
- LUI Number
- Results and assessments
- Disabilities
- Education

Purpose: Analysis and management of Australian Education programs, continued funding and to deliver the most beneficial education program.

DEPARTMENT OF TRANSPORT AND MAIN ROADS

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Date of enrolment

Purpose: To provide information regarding receipt of assistance under the School Transport Assistance Scheme.

RTOs: Eva Burrows, Blue Print

Personal information that could be disclosed:

- Name, Date of Birth, Gender
- Address and phone number
- Enrolment details
- Academic results
- Disabilities

c) my personal information may be otherwise disclosed by the Department of Education or TSA Independent School without my consent where authorised under or required by law.

YES

DISCLOSURE OF PERSONAL INFORMATION TO PARENT / CARER

If you are under 18, and not an independent student, TSA Independent School will give your parent/carer updates regarding participation in the school and general well-being. If you are over 18 or under and an independent student, TSA Independent School may give your parent/carer updates if you consent to this. This would be discussed with you before any information is disclosed.

YES

NO

If you consent to the disclosure of personal information to your parent/carer, tick Yes and we will have a discussion with you.

PARENT / CARER NAME

RELATIONSHIP TO STUDENT

ADDRESS

PHONE NUMBER

EMAIL

DISCLOSURE OF PERSONAL INFORMATION TO OTHER PARTIES

CONTACT PERSON 1

ROLE

CONTACT DETAILS

PURPOSE

START DATE

END DATE

INITIALS

CONTACT PERSON 2

ROLE

CONTACT DETAILS

PURPOSE

START DATE

END DATE

INITIALS

DECLARATION

Note: giving false or misleading information is a serious offence.

I declare that:

- | | | |
|---|--------------------------|-----|
| a) the information I have provided on this form is complete, and correct. | <input type="checkbox"/> | YES |
| b) I, and/or my parent/carer has read and had this form explained to me. | <input type="checkbox"/> | YES |
| c) I consent to my personal information being used and disclosed in accordance with this form
TSA Independent School's Privacy Policy. | <input type="checkbox"/> | YES |
| d) TSA Independent School has explained the Privacy Policy and if there has been a breach,
the process to follow. | <input type="checkbox"/> | YES |
| e) I consent to the use of photographs / videos taken by the school for the use in promotions
for TSA Independent School and the Salvation Army. | <input type="checkbox"/> | YES |
| f) I consent to the acknowledgement of my contribution and activities at the school in a
newsletter, Facebook, the school website, and AGM report. | <input type="checkbox"/> | YES |
| g) I consent to TSA Independent School requesting information from my previous school and
consent to this school providing any relevant information to TSA Independent School. | <input type="checkbox"/> | YES |

I acknowledge that I have read and understood this privacy notice and freely agree to provide the sensitive information referred to and/or contained in this document to TSA Independent School.

I acknowledge that the information I have provided to TSA Independent School is current and I consent the disclosure of this information to the types of organisations or individuals identified in this form.

I undertake to notify TSA Independent School as soon as practicable if this information is no longer current or if my consent for the collection of this information is withdrawn.

I acknowledge that until such time that I notify TSA Independent School that my consent is withdrawn, I agree that TSA Independent School will be entitled to presume that this consent is current and informed.

NAME OF STUDENT

NAME OF PERSON SIGNING

(THIS SHOULD BE A PARENT / CARER IF THE STUDENT IS UNDER 18 UNLESS THE STUDENT IS INDEPENDENT)

SIGNATURE OF STUDENT OR PARENT/CARER

DATE