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| ***Access to Personal Information Request Form*** |
| Premium Health respects the privacy and confidentiality of its personnel and clients who use our products and services. A student / individual can access and seek correction of their personal information held by as outlined later in our privacy policy, in sections: 12APP and 13APP.All requests for access to personal information including a certificate reprint must be in writing as the student / individual must be able to identify themselves and verify their identity prior to any information being disclosed.  |
| Requirements for proof of identity are:* + - Full legal name
		- Date of Birth
		- Serial number on I.D. given at time of enrolment such as driver’s licence, passport or birth certificate (If recorded)
		- USI Number
		- Student’s address at time of certificate issuance
 | Request Sections:1. Third party release for qualification
2. Reprint of issued qualification
3. Change request for incorrect details
4. Legally changed name – requesting re-issuance of qualification with new legal name
5. Authorisation to provide verification of issued qualification
 |
|  *Please complete the following details* |
| Given Name/s |  | Date of Birth | DD / MM / YYYY |
| (Family/last) Surname |  |  Gender:(circle)  | M | F | X |
| Title: (circle) | Ms. | Mrs. | Mr. | Dr. | Other\_\_\_\_\_\_\_\_\_\_ | Mobile No |  |
| Email address |  | Alternate No |  |
| Street Address |  | STATE | P/CODE |
| Email address |  | Alternate No |  |
| USI Number: Unique Student Identifier |  |  |  |  |  |  |  |  |  |  |
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| *Please tick the appropriate box that you are making a request for and complete the required details* |
| ***1*** | *Authority to View Documents (Commonwealth Privacy Act 1988) Third Party Release. Only complete this section if a copy of your Certificate or Statement of Attainment is to go directly to a third party: Employer/Association* |
| Qualification details | Code |  | Title |  |
| Code |  | Title |  |
|  | **Third Party Release Declaration**: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Premium Health to release my *(Insert full legal name)*result and/or a copy of my Certificate/Statement of Attainment (SoA) for the purpose ofrecording my Certificate/SoA/result to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Insert organisation’s name to release result/certificate/SoA)*Email to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Learner Signature:(*sign below*) |
| Tick box |  |
| Dec. Date: | DD / MM / YYYY |
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| ***2*** | *To email me a reprint of the originally issued Certificate/Statement of Attainment (SoA)* |
| Qualification details | Code |  | Title |  |
| Code |  | Title |  |
|  | Learner Signature |  | Dec. Date: | DD / MM / YYYY |
| Tick box |
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| ***3*** | *Complete the appropriate below fields that are incorrect in our records with the correct information.* *Leave fields blank that are currently correct.* |
| Given Name/s |  | Date of Birth | DD / MM / YYYY |
| (Family/last) Surname |  |  Gender:(circle)  | M | F | X |
| Title: (circle) | Ms. | Mrs. | Mr. | Dr. | Other\_\_\_\_\_\_\_\_\_\_ | Mobile No |  |
| Email address |  | Alternate No |  |
| Street Address |  | STATE | P/CODE |
|  | I declare that all of the information above is accurate and true. Supporting evidence has been included. | Learner Signature |  | Dec. Date: | DD / MM / YYYY |
| Tick box |
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| ***4*** | *You have legally changed your name and you are requesting to have your qualification re-issued with your new legal name. State new legal name.* *Note that upon application a processing fee of $20 will need to be paid.* |
| Qualification details | Code |  | Title |  |
| Code |  | Title |  |
| Given Name/s |  |
| New (Family/last) Surname |  |
| Title: (circle) | Ms. | Mrs. | Mr. | Dr. | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | I declare that all of the information above is accurate and true. Supporting evidence has been included. | Learner Signature |  | Dec. Date: | DD / MM / YYYY |
| Tick box |
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| ***5*** | *You are authorising the below specified person and/or business/organisation to request and receive verification that your issued qualification by Premium Health is genuine.**Note that Certificates issued since 2019 have a QR code which can be scanned to received instant verification of authenticity.* |
| Qualification details | Code |  | Title |  |
| Date issued | DD / MM / YYYY | Certificate Number |  |
| Code |  | Title |  |
| Date issued | DD / MM / YYYY | Certificate Number |  |
| Requestor Name  |  |
| Business / Organisation Name |  |
| Email Verification Result to |  |
|  | I give permission for Premium Health to authenticate my Certificate/SoA  | Learner Signature |  | Dec. Date: | DD / MM / YYYY |
| Tick box |
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| *OFFICE USE ONLY* |
| Received and actioned by |  | Date |  \_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_ |
| Request has been correctly completed | Yes / No | Identity of person making request has been confirmed | Yes / No |
| Section 1 | PDF copy of Student’s Certificate/Statement of Attainment has been sent to nominated third party | Yes / No / N/A |
| Section 2 | PDF copy of Student’s Certificate/Statement of Attainment has been sent to the Student | Yes / No / N/A |
| Section 3 | Correction of personal information has been made | Yes / No / N/A |
| Section 4 | Qualification has been re-issued with Student’s new legal name and sent | Yes / No / N/A |
| Fee has been paid | Yes / No / N/A |
| Section 5 | Qualification has been checked if authentic. Result has been provided to nominated recipient | Yes / No / N/A |