



Authority to Release Information

While you are undertaking your training program, there will be times when Volt Edge and/or its Training Manager, Trainer or Administration Officer may need to discuss your situation with others.

Please be assured that any discussions held with these representatives will be for the purposes of your assessment and for your development.

You and your employer are required to give permission in writing for any of these discussions or viewing of evidences to occur.

During the process we do not plan to discuss your evidence or work with other students, unless we have your written permission to do so. Please sign in the spaces provided below.

(In accordance with the Privacy Act 1988, which incorporates the Privacy Amendment (Private Sector) Act 2000)

Student			
Student Name			
Declaration	I hereby give permission for the training consultant whose signature appears below and staff of Volt Edge to discuss my training program development and evidence with my employer, colleagues, or supervisor, staff of Volt Edge, ITAB, DET, State Training Authorities and/or as required by Law. <input type="checkbox"/> I agree		
Signature		Date:	

Employer			
Representatives Name			
Company		Position	
Declaration	I hereby give permission for the training consultant of Volt Edge whose signature appears on behalf of the student to view documents and speak to the staff and/or supervisor(s), on the participants progress. <input type="checkbox"/> I agree		
Signature		Date:	

Volt Edge			
Witness Name		Position	
Signature		Date:	