

## Participant Record Access Form

I hereby request that Austrain Academy provide access to my personal records to the following identified people:

- myself .....
- my workplace supervisor .....
- other .....

### And/Or

I require the following information to be provided to the above identified people:

- Reissue of certification awarded to me by Austrain Academy for pricing - contact Academy Administration Ph 1300 20 40 20.
- Copies of all my assessment results gained during training at Austrain Academy for pricing - contact Academy Administration Ph 1300 20 40 20.
- Copies of all my personal information held on file by Austrain Academy
- Other .....

I understand that Austrain Academy will require up to five (5) working days to supply this information.

Signed ..... Date .....

Date of Birth: .....