

Source: RTO Coordinator

Personal Information / Privacy Release form

Please complete ALL areas of this form. This form can be completed digitally (except signature) or neatly with blue or black pen. The completed form will then be assessed by Redcliffe Aero Club (RTO no.40971) Chief Flight Instructor (CFI)/ and or RTO Coordinator (RC).

The Redcliffe Aero Club is dedicated to maintaining your privacy and confidentiality. Redcliffe Aero club abides by all requirements and recommendations of the Privacy Act 1998. (Further information on RAC privacy policy can be located on our website.)

Please print clearly and neatly, your full legal name exactly as it appears on your identity documentation

Given Name:	Middle name:	
(First name)	(Second name)	
Surname:	Additional name:	
(Last name)	(Maiden name)	
Date of Birth:	Gender: 🗆 Female 🛛 Male 🔹 Other	
Home Phone:	Mobile Phone:	
Email:		
Residential Address:		
Suburb / town:	State / Territory:	
Postal Address: As Above or write address		
My request for my personal information is ba	sed on:	
Professional – Lneed documentation from Red	Icliffe Aero Club as evidence of a professional application	
Personal – I would like to have documentation	from Redcliffe Aero Club for my personal professional development	
\Box A copy of all of my qualifications / statement c	of Attainments / Academic transcripts - \$25.00 Reissue fee is payable	
□ All of the above		
wish to release the below information to a t	hird party. Please tick V	
Course enrolment particulars, course enrolled in, units completed, dates of course, qualification completed, etc.		
□ Content of course particulars, Hours flying, air	craft used, flight plans, exam results etc.	
U Vet Student loan financial info, VET FEE-HELP I	Loan financial information, Invoice numbers, tax invoices etc.	
□ A copy of all of my qualifications / statement c	of Attainments / Academic transcripts - \$25.00 Reissue fee is payable	
□ All of the above		
Other information (please list)		
RTO Number: 40971 The Redcliffe Aero	Club ABN: 74009 819 792 Office: (61 7) 3203 1777	
Wirraway Drive, Kippa Ring, QLD, Australia, 4021	Email: info@redcliffeaeroclub.com.au	

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		THE REDCLIF	FE AERO CLUB
General notes			
Is there some additional notes that you feel Redcliffe Aero Club should know about this request. If yes please write a short paragraph below.		□ No □ Yes	
Please print clearly and neatly, the full legal name shared with:	e of the person you authorise yo	our information/ do	ocumentation to be
Given Name:	Middle name:		
(First name)	(Second name)		
Surname:	Additional name:		
(Last name)	(Maiden name)		
Date of Birth:	Gender: 🗌 Female	🗌 Male	□Other
Home Phone:	Mobile Phone:		

Residential Address:

Suburb / town:	State / Territory:
Postal Address: As Above or write address	

OR

Please print clearly and neatly, the full legal name of the company /organisation you authorise your information/ documentation to be shared with:

Organisation/ Company name:		
Organisation / Company ABN Number:		
Contact person:	Surname name:	
Given name: (First Name)	(Second name)	
Company position:	Gender: 🗌 Female 🛛 Male 🗍 Other	
Office Phone:	Mobile Phone:	
Email:	·	
Residential Address:		
Suburb / town:	State / Territory:	
Postal Address: As Above or write address		
RTO Number: 40971 The Redcliffe Aero Club	ABN: 74009 819 792 Office: (61 7) 3203 1777	
1 Wirraway Drive, Kippa Ring, QLD, Australia, 4021	Email: info@redcliffeaeroclub.com.au	
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A Redcliffe Aero Club (RAC) representative may be in contact with you to clarify additional information if needed to make a determination if your expression of interest will proceed to the next phase.

Student name:	Student signature:	Date:
Parent/ Guardian Signature:	Parent/ Guardian Signature:	Date:
Witness Name:	Witness Signature:	Date:

If under the age of 18 years of age at the time of giving consent, then the consent of their guardian is required.

Enrolment form - Office Use only:

General Office notes:

RTO Coordinator (RC) notes: