

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 The Redcliffe Aero Club (RTO No. 40971) Chief Flight Instructor (CFI)/ and or RTO Co-Ordinator (RC).

The Redcliffe Aero Club is dedicated to maintaining your privacy and confidentiality. The 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 exact	ctly 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 based on:				
☐ Professional – I need documentation from The Redcliffe Aero Club as evidence of a professional application				
☐ Personal – I would like to have documentation from Redcliffe Aero Club for my personal professional development				
☐ A copy of all of my Qualifications / Statement of Attainments / Academic Transcripts - \$25.00 Re-Issue Fee is payable				
☐ All of the above				
I wish to release the below information to a third party.	Please tick √			
Course enrolment particulars, course enrolled in, units completed, dates of course, qualification completed, etc.				
☐ Content of course particulars, hours flying, aircraft used, flight plans, exam results etc				
☐ VET Student Loan financial info, VET FEE-HELP Loan financial information, Invoice numbers, tax invoices etc				
☐ A copy of all of my Qualifications / Statement of Attainments / Academic Transcripts - \$25.00 Re-Issue 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 1 Wirraway Drive, Kippa Ring, QLD, Australia, 4021 Email:RTO@redcliffeaeroclub.com.au

		=	REDCLIFF
		•	
			THE THE
Samuel Nation		THE R	EDCLIFFE A
General Notes Are there some additional notes that you feel The	oo Bodsliffo Aoro Club should know abou	t this request?	
If yes, please write a short paragraph below.	ie Redciiile Aero Club Silodia kilow abou	it tills request:	
7 7			
Please print clearly and neatly, the full legal	name of the person you authorise y	our information	/ document
hared with:	name of the person you authorise y	our information	i, accument
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			
rostal Address. As Above of Write address			
OR Control of the Con			
Please print clearly and neatly, the full legal	name of the company (organisation	vou authorica	vour informs
locumentation to be shared with:	name of the company / organisation	i you autilorise	your illioillia
Organisation/ Company Name:			
organisation, company name.			
Organisation / Company ABN Number:			
Contact Person:	Surname Name:		
	(Second Name)		
Given Name: (First Name)	,		
Given Name: (First Name) Company Position:	Gender: ☐ Female	☐ Male	\Box Other

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:RTO@redcliffeaeroclub.com.au

State / Territory:

Suburb / Town:

Postal Address: As Above or write address

F00045_Personal Information and Privacy Release Form.V2 Created 06.07.2018 Reviewed 01.02.2023 Source: RTO Co-Ordinator



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	<u>Y:</u>				
General Office Notes:					
RTO Co-Ordinator (RC) Notes:					

ABN: 74009 819 792

Office: (61 7) 3203 1777 Email:RTO@redcliffeaeroclub.com.au

Source: RTO Co-Ordinator