



THE REDCLIFFE AERO CLUB

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).

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: (First name)	Middle name: (Second name)
Surname: (Last name)	Additional name: (Maiden name)
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> 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:

<input type="checkbox"/> Professional – I need documentation from Redcliffe Aero Club as evidence of a professional application
<input type="checkbox"/> Personal – I would like to have documentation from Redcliffe Aero Club for my personal professional development
<input type="checkbox"/> A copy of all of my qualifications / statement of Attainments / Academic transcripts - \$25.00 Reissue fee is payable
<input type="checkbox"/> All of the above

I wish to release the below information to a third party.

Please tick ✓

<input type="checkbox"/> Course enrolment particulars, course enrolled in, units completed, dates of course, qualification completed, etc
<input type="checkbox"/> Content of course particulars, Hours flying, aircraft used, flight plans, exam results etc
<input type="checkbox"/> Vet Student loan financial info, VET FEE-HELP Loan financial information, Invoice numbers, tax invoices etc
<input type="checkbox"/> A copy of all of my qualifications / statement of Attainments / Academic transcripts - \$25.00 Reissue fee is payable
<input type="checkbox"/> All of the above
<input type="checkbox"/> Other information (please list) _____

RTO Number: 40971
ABN: 74009 819 792
Office: (61 7) 3203 1777

Redcliffe Aero Club
1 Wirraway Drive, Kippa Ring, QLD, Australia, 4021
Email: redcliffeaeroclub.com.au



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.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Please print clearly and neatly, the full legal name of the person you authorise your information/ documentation to be shared with:

Given Name: (First name)	Middle name: (Second name)
Surname: (Last name)	Additional name: (Maiden name)
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Home Phone:	Mobile Phone:
Email:	
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: Given name: (First Name)	Surname name: (Second name)
Company position:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Office Phone:	Mobile Phone:
Email:	
Residential Address:	
Suburb / town:	State / Territory:
Postal Address: As Above or write address	

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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.

<p><u>Enrolment form - Office Use only:</u></p> <p>General Office notes:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>RTO Coordinator (RC) notes:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
