**Authority to release information to a third party**

1800 210 210 | apprenticeshipsinfo@qld.gov.au | desbt.qld.gov.au

Completing and signing this form will allow a representative from the Department of Trade, Employment and Training (DTET) to discuss aspects of the records held by DTET that you have authorised below, with a person nominated by you and release information relating to you to that person. This form only authorises DTET to provide or receive information from your nominated person about the records you have authorised held by DTET.

**Return this completed and signed form** viaemail to [apprenticeshipsinfo@qld.gov.au](mailto:apprenticeshipsinfo@qld.gov.au).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AUTHORISING PERSON** | | | | | | | | | | |
| **Indenture/training contract registration number:** | | |  | | (This number will appear on any documentation from the department.) | | | | | |
| **Full name:** |  | | | | | | | **Date of birth:** | |  |
| **Address** |  | | | | | | | | | |
| **Mobile:** |  | | **Work phone number:** |  | | **Home phone number:** | | |  | |
| **Email:** |  | | | | | | | | | |
| I, **the above named person AUTHORISE** the Department of Trade, Employment and Training (DTET) to release and discuss the following details relating to my records held by DTET with the nominated third party identified below. I acknowledge that if I wish to cancel/amend this third party’s access to my information, I must advise DTET of the change. I also acknowledge I have given this authority freely and with no limitation. | | | | | | | | | | |
| **Signature:** | |  | | | | | **Date:** | | |  |
| **OPTION 1:** I authorise information relating to completion documentation and/or extracts of service to be discussed with the third party person below (e.g. verification of authenticity of documentation supplied). | | | | | | | | | | |
| **OPTION 2:** I authorise ALL information relating to my training contract(s), including information regarding any apprenticeship or traineeship travel and accommodation subsidy claims I may make, to be provided to the third party person below until I advise otherwise. | | | | | | | | | | |
| **OPTION 3:** I authorise ONLY the following information to be provided to the third party person below. I have listed below what information I authorise DTET to provide. | | | | | | | | | | |
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| **NOMINATED PERSON OR ORGANISATION** | | | | | |
| **Full name:** |  | | | | |
| **Organisation (if relevant)** |  | | | | |
| **Address:** |  | | | | |
| **Email:** |  | | | **Phone number:** |  |
| **Relationship to applicant (if relevant):** | |  | | | |
| If **OPTION 2 or 3 is chosen**, please provide date of birth (for identification purposes): | | |  | | |