





## Esitrain Customer Records Access Request Form

RECORD DETAILS	Participants Name				Phone/Mobile		
	Participants Email						
	Date of Birth						
	Requested type of Record to be shared*	Attendance Records Assessment records must ha				_	
		Requests ic	assessine i	it records must	TIAVE WITHER	approvar iron	ir tire participant
	Requestors Details						
PARTICIPANT APPROVAL	Name of Requestor that Records are permitted to be sent to*				Phone/Mobi	e	
	Company Name						
	Email Address						
	* I acknowledge that Training Records received on behalf of the Participant (as an employee of Energy Queensland) will only be recognised and recorded on the Participant's Contractor ID, where the Training has been completed within the last 5 (five) year period.  This timeframe aligns with Energy Queensland's training standards, rendering any training completed beyond this five-year window, including historic Energex and Ergon Energy Training courses invalid and no longer recognised. Please be aware that the contents of this report will exclusively pertain to Training that is directly related to Energy Queensland Contracts.						
	Requestors Signature* (*Esitrain does not accept electronic signatures for this document)				Date		
	Participant Approval	I (Insert name) give approval for Esitrain to share my Training Records to the <b>Requestor</b> as nominated in this document					
	Participant Signature* (*Esitrain does not accept electronic signatures for this document)				Date		
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CONFIRMATION	TECHNICAL TRAINING AND APPRENTICES OFFICE USE ONLY  Once completed, a copy of the training details report and the form can be provided to the customer and a copy of the form and report should be sent to: <a href="mailto:bookings@esitrain.com.au">bookings@esitrain.com.au</a>						
	Documentation	☐ Posted	☐ E-mail	☐ In Person			
	To Whom Sent						
	Name of TT&A Representative				Date		