



# Technical Training and Apprentices Customer Records Access Request Form



**By signing and completing this form allows Esitrain to send copies of your personal training records to the Requestor nominated in this document.**

<b>PARTICIPANT APPROVAL</b>	Participant's Name		Phone/Mobile	
	Participant's Email			
	Participant's Previous Employee ID / Non-Employee ID or Date of Birth			
	Training Records that you give permission to be shared the Requestor	<input type="checkbox"/> All Training Records	<input type="checkbox"/> Specific Training Records: List Course name/s: _____ _____	
	Type of Records Permitted to be shared	<input type="checkbox"/> Assessment Results	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Other
	Name of Requestor that this information is permitted to be sent to			
	Requestor's Address		Phone/Mobile	
	Requestor's Email			
<b><u>Participant's Approval</u></b>				
(Insert name) _____ gives approval for Esitrain to share my Training Records to the Requestor nominated in this document.				
<b>Participant's Signature*</b> <small>(*Esitrain does not accept Electronic Signatures for this Document)</small>				

<b>CONFIRMATION</b>	<b>TECHNICAL TRAINING AND APPRENTICES OFFICE USE ONLY</b>				
	Once completed, a copy of 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	<input type="checkbox"/> Posted	<input type="checkbox"/> Faxed	<input type="checkbox"/> E-mail	<input type="checkbox"/> In Person
	To Whom Sent				
TT&D Representative	Name			Date:	