

ATF-008

Authority to release information to a third party

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

How to return this completed and signed form

1. Online via [myApprenticeship](#) (available to registered apprentices/trainees and parents/guardians only) if you have an account; or
2. Via email to apprenticeshipsinfo@qld.gov.au.

AUTHORISING PERSON					
Indenture/training contract registration number:		(This number will appear on any documentation from the department.)			
Name:			Date of birth:		
Address					
Mobile:		Work phone number:		Home phone number:	
Email:					
I, the above named person AUTHORISE the Department of Employment, Small Business and Training (DESBT) to release and discuss the following details relating to my records held by DESBT 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 DESBT of the change. I also acknowledge I have given this authority freely and with no limitation.					
Signature:			Date:		
<input type="checkbox"/> 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).					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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 DESBT to provide.					
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):					

