

Consent to Release Personal Information

Person providing consent

Surname: _____

Given name: _____

Date of birth: _____

I consent to the release of personal information held by PICAC regarding enrolment, training and assessment.

The personal information that I consent to be provided includes: (please indicate by ticking appropriate box)

Name Photo

Organisation's name Testimonial

Other information (please specify):

This information is to be supplied to:

I understand that I can revoke this authority at any time. To do so I must send an email to administration stating I want to withdraw my consent. I understand PICAC will within 10 days of the revocation email will remove any images or quotation from any on line material and they may only continue to appear in material that has already been printed prior to date of revocation.

Signed: _____ Date: _____