

Access to Personal Information Request Form

New first Pty Ltd respects the privacy and confidentiality of its personnel and clients who use our products and services.

A student / individual can access and seek correction of their personal information held by New first Pty Ltd as outlined later in our privacy policy, in sections: 12APP and 13APP.

All requests for access to personal information including a certificate reprint must be in writing as the student / individual must be able to identify themselves and verify their identity prior to any information being disclosed.

Requirements for proof of identity are:

- Full legal name
- Date of Birth
- Serial number on I.D. given at time of enrolment such as driver's licence, passport or birth certificate (If recorded)
- USI Number
- Student's address at time of certificate issuance

Request Sections:

1. Third party release for qualification
2. Reprint of issued qualification
3. Change request for incorrect details
4. Legally changed name – requesting re-issuance of qualification with new legal name
5. Authorisation to provide verification of issued qualification

Please complete the following details

Given Name/s					Date of Birth	DD / MM / YYYY		
(Family/last) Surname					Gender:(circle)	M	F	X
Title: (circle)	Ms.	Mrs.	Mr.	Dr.	Other_____	Mobile No		
Email address					Alternate No			
Street Address					STATE	P/CODE		
Email address					Alternate No			
USI Number: Unique Student Identifier								

Please tick the appropriate box that you are making a request for and complete the required details

1	<i>Authority to View Documents (Commonwealth Privacy Act 1988) Third Party Release. Only complete this section if a copy of your Certificate or Statement of Attainment is to go directly to a third party: Employer/Association</i>			
Qualification details	Code		Title	
	Code		Title	

Tick box ↑	Third Party Release Declaration:				Learner Signature:(sign below)	
	I, _____, give permission to _____ to release my (Insert full legal name)					
	result and/or a copy of my Certificate/Statement of Attainment (SoA) for the purpose of recording my Certificate/SoA/result to: _____ (Insert organisation's name to release result/certificate/SoA)					
Email to: _____				Dec. Date:	DD / MM / YYYY	

2										To email me a reprint of the originally issued Certificate/Statement of Attainment (SoA)									
Qualification details		Code				Title													
		Code				Title													
↑ Tick box	Learner Signature								Dec. Date:		DD / MM / YYYY								
3										Complete the appropriate below fields that are incorrect in our records with the correct information. Leave fields blank that are currently correct.									
Given Name/s										Date of Birth		DD / MM / YYYY							
(Family/last) Surname										Gender:(circle)		M		F		X			
Title: (circle)		Ms.		Mrs.		Mr.		Dr.		Other_____		Mobile No							
Email address										Alternate No									
Street Address										STATE		P/CODE							
↑ Tick box	I declare that all of the information above is accurate and true. Supporting evidence has been included.				Learner Signature						Dec. Date:		DD / MM / YYYY						
4										You have legally changed your name and you are requesting to have your qualification re-issued with your new legal name. State new legal name. Note that upon application a processing fee of \$ _____ will need to be paid.									
Qualification details		Code				Title													
		Code				Title													
Given Name/s																			
New (Family/last) Surname																			
Title: (circle)		Ms.		Mrs.		Mr.		Dr.		Other_____									
↑ Tick box	I declare that all of the information above is accurate and true. Supporting evidence has been included.				Learner Signature						Dec. Date:		DD / MM / YYYY						

5	<i>You are authorising the below specified person and/or business/organisation to request and receive verification that your issued qualification by New first Pty Ltd is genuine.</i>				
Qualification details	Code		Title		
	Date issued	DD / MM / YYYY	Certificate Number		
	Code		Title		
	Date issued	DD / MM / YYYY	Certificate Number		
Requestor Name					
Business / Organisation Name					
Email Verification Result to					
<input type="checkbox"/> Tick box	I give permission for New first Pty Ltd to authenticate my Certificate/SoA	Learner Signature		Dec. Date:	DD / MM / YYYY

OFFICE USE ONLY				
Received and actioned by			Date	___ / ___ / ___
Request has been correctly completed	Yes / No	Identity of person making request has been confirmed	Yes / No	
Section 1	PDF copy of Student's Certificate/Statement of Attainment has been sent to nominated third party			Yes / No / N/A
Section 2	PDF copy of Student's Certificate/Statement of Attainment has been sent to the Student			Yes / No / N/A
Section 3	Correction of personal information has been made			Yes / No / N/A
Section 4	Qualification has been re-issued with Student's new legal name and sent			Yes / No / N/A
	Fee has been paid			Yes / No / N/A
Section 5	Qualification has been checked if authentic. Result has been provided to nominated recipient			Yes / No / N/A