

	<b>PARADE COLLEGE</b> <b>RTO Division</b>
<b>Disability Support Consent for Provision of Information Form</b>	

## 1. PERSONAL DETAILS

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Student ID (if enrolled): \_\_\_\_\_

Doctor

Parent / Family

Psychologist

Caseworkers

Other

## 2. DECLARATION

I provide consent for the Executive Officer to have discussion with any of the above (please tick the appropriate box and supply the name /s) regarding my personal situation and course related details. This consent remains in place for the duration of my study at Parade College – RTO Division.

I further consent for the Executive Officer RTO discussing my needs with my teachers or senior staff, as well as accessing my academic results, special provision status and other information, which may be relevant to my previous and ongoing studies and educational placement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NB For Parade College – RTO Division students any costs incurred as a result of consulting with an external agency will be met by the student’s parent or guardian. For external students undertaking VET courses at Parade College – RTO Division students any costs incurred as a result of consulting with an external agency will be met by the home school or referring agency.