**BQ4.1.1 Access to Records**

**Request Form**

**Use this form to**

* Request access to client/student records held by National First Aid. All requests must be accompanied by a copy of identification for the individual in order to verify their identity named.

As per ASQA’s General Direction and National First Aid Policy, student assessment records are only maintained for 6 months unless required for licensing or other purposes. For this reason, any requests for assessment records older than 6 months may not be fulfilled.

**Submitting this request**

Email your completed form to: [nfaadministration@nationalfirstaid.com.au](mailto:nfaadministration@nationalfirstaid.com.au) or via post to: **PO Box 7029, Beaumaris Victoria 3193.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | | | | | | | | |
| First name | |  | | | | | | | | | | | | |
| Last name | |  | | | | | | | | | | | | |
| Date of birth | | Day | | |  | | Month | |  | | | Year | |  |
| Residential address | | Street address | | |  | | | | | | | | | |
| Suburb/town | | |  | | | | | | Postcode | | |  |
| Home phone | |  | | | | | Work phone | | |  | | | | |
| Mobile | |  | | | | | Email | | |  | | | | |
| **I wish to request access to the following records?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **How would you like to access these records?** | | | | | | | | | | | | | | |
| Copy posted to me | | |  | View the records in person | |  | | Collect a copy in person | | | |  |  | |
| **Proof of identity** | | | | | | | | | | | | | | |
| **We require you to provide proof of your identity as the student named above. I am providing the following as evidence (choose one only)** | | | | | | | | | | | | | | |
| Passport | | |  | Birth certificate | |  | | Drivers licence / proof of age card | | | |  |  | |
| **Declaration** | | | | | | | | | | | | | | |
| I declare that, to the best of my knowledge, the information on this form is correct and complete. | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | |
| Date |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY – Processed by:** | | | | | |
| Refund authorised by: |  | Date paid: |  | Refund amount: |  |
| Method of payment: |  | | | | |