# *Skilling South Australia Projects*

**PARTICIPANT AGREEMENT FORM**

**Collection and Use of Personal Information**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(First Name Middle Name Last Name)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Current residential or postal address)*

Gender:

* Male
* Female
* Not specified

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_, acknowledge and agree that:

1. I wish to participate in an activity funded by the Department for Education.

2. I accept that the Minister for Education, Training and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Department for Education.

3. I accept that the assessment as to whether I am eligible to participate in any specific activity funded by the Department for Education will be undertaken by a Recipient who has a contract with the Minister for the delivery of the activity.

4. I consent to the Minister, its employees, agents and contractors collecting from the Recipient my results for all courses in which I have been enrolled, and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Department for Education. I consent to the Minister, its employees, agents and contractors using this information for the Department for Education performance measurement and reporting activities.

5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the *Student Identifiers Act 2014*) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Department for Education and to record and track my progress through the activities funded by the Department for Education.

6. I consent to the collection and use of my Personal Information in the manner outlined above.

7. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:

* Recipients who have a current contract with the Minister for the delivery of activity;
* other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
* Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
* Government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
* Support service organisations nominated on the Pathways to Employment Plan

8. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my participation in activities funded by the Department for Education for the purposes of:

* statistical reporting and analysis in respect to the outcomes of the activity
* undertaking an evaluation of the activity
* promoting the activity and (or any other programs run by the Minister which relates to training and employment services) recording the information about my training and other services provided
* reporting on this Program (or any other program run by the Minister which relates to training and employment services)

9. I agree to notify the Recipient if the Personal Information outlined above changes throughout the duration of the project.

10. Where required by the Minister, I agree to access my participant profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my participant profile is incorrect.

11. I agree to participate in data collection activities (including surveys, workshops, focus groups and other methods of collecting information from participants) conducted by the Department for Education to evaluate skills and employment programs.

12. Information held by the Department for Education is subject to the ‘Information Privacy Principles’ issued by the South Australian Department of Premier and Cabinet. I understand that personal information that has been collected, used and stored will be dealt with by the Department for Education in accordance with the relevant privacy guidelines.

**SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Note: If the Participant is under 18 years of age at the time of signing, then the consent of their guardian is required*

**PRINT FULL NAME OF GUARDIAN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF GUARDIAN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_

Thank you for completing this form. Please return it to the person who provided it to you. If you have any questions, please contact the Infoline on **1800 673 097**.

***To be completed by the Recipient***

I have discussed the above consent for collection and use of Personal Information and have verified the eligibility requirements with:

**Project Name: ­­­­ Project ID:** **\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Participant Agreement / Collection and Use of Personal Information Form must be retained for your records and made available if required by the Minister.

**Provider Declaration**

*Verified by:*

**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

*Any queries, contact the Infoline on 1800 673 097 or email* [*SkillsContracts@sa.gov.au*](mailto:SkillsContracts@sa.gov.au)