

Verification Request Form

Student Training Records

The Training Accreditation Council (TAC) is able to verify student training records through the Client Qualifications Register (CQR), provided that the RTO:

- has ceased operations;
- was registered with TAC; and
- provided TAC with a copy of all their student records before they ceased operations.
- The training must also have been completed before 2015.

TAC can only provide extracts of training records directly to the student. Should the student require an extract of their training records from CQR, the student should complete the Student Records Request form, and any records will be sent directly to the student.

Evidence:

A copy of the student's Certificate or Statement of Attainment should be sent with the application for the TAC Secretariat to verify.

Please send the completed form and evidence to:

Email: Post:

TAC@dtwd.wa.gov.au Locked Bag 16

Osborne Park DC WA 6916

| SECTION 1 – Requestor Information | | | |
|---|-----|-----------|--|
| Name: | | | |
| Company Name: | | | |
| Postal Address: | | | |
| | | Postcode: | |
| Email Address: | | | |
| Contact Number: | | | |
| SECTION 2 – Student Information | | | |
| First Name(s): | | Surname: | |
| *Name at time of training. Leave blank if same as above | | | |
| *First Name(s): | | *Surname: | |
| | | | |
| Date of birth: | | Gender: | |
| | | | |
| Current Address: | | | |
| | | Postcode: | |
| Home Phone Number | er: | Mobile | |
| Email address: | | | |



V01/22; TWD/D22/0002779 Created 07/01/2022

| SECTION 2 – Registered Training Organisation (RTO) information | | | |
|--|----------------|--|--|
| RTO Name: | | | |
| RTO ID (if known): | | | |
| | | | |
| Qualification(s)/units(s)/ course(s) studied – | Date of study: | | |
| YOU MUST ATTACH COPIES OF CERTIFICATES | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| SECTION 3 – Declaration | | | |
| | | | |
| l, | | | |
| (full name) | | | |
| agree to allow the above listed requestor to seek verification from the Training Accreditation Council of my student training record/s. | | | |
| I understand that the Training Accreditation Council can only verify the information based on what was provided by the Registered Training Organisation. | | | |
| | | | |
| | 5. | | |
| Student Signature : | Date: | | |
| | | | |
| CECTION A Decrease | | | |
| SECTION 4 - Response | | | |
| The response to the verification request will be emailed to: (Please select all that apply) | | | |
| Requestor: | | | |
| Student: | | | |
| Another email address: | | | |
| | | | |

Privacy Disclaimer:

Information collected by the Council is used for the primary purpose of the Council undertaking its functions as outlined in the Western Australian Vocational Education and Training Act 1996. The information collected may be provided to relevant government agencies for secondary purposes that are directly related to or provide benefit to the Council's primary function of quality assuring vocational education and training in Western Australia.