

# LEARNER RECORDS REQUEST FORM

## Information for Applicant

- Please complete ALL fields on this form.
- You will receive an acknowledgement of your lodged request within two (2) working days/ 48 working hours upon Training Practical Solutions Consultancy having received your request. Your request for certificate/Statement of Attainment/transcript will be ready for collection within three (3) working days / 72 working hours unless request for records to be posted. Your request for completed assessments will be accessible at TPSC within three (3) working days / 72 working hours. You may request to have a copied version of your completed assessments for personal reference and peruse.
- Learner's requesting access to their records to monitor their participation and progress are required to complete this form and submit it to the RTO Compliance Manager email: [info@tpsconsultancy.com.au](mailto:info@tpsconsultancy.com.au)
- TPSC office is open between 8am to 4pm. Collection of learner records is by appointment only.
- Please bring along a photo ID. Request to collect or view records may be rejected if photo ID is not presented.
- An incomplete request form will be returned and will not be processed. You can submit a completed form at a later date.

PART A – APPLICANT DETAILS			
<b>Title:</b>		<b>First Name:</b>	
<b>Family Name:</b>			
<b>Email:</b>			<b>Contact Phone:</b>
<b>Employer:</b>			<b>Location:</b>
<b>Course title:</b>			
<b>Trainer / Assessor (if applicable):</b>			
<b>Description of records requested:</b>	<input type="checkbox"/> Certificate(s)/ Statement of Attainment(s)	<input type="checkbox"/> Transcript(s)	<input type="checkbox"/> Assessment(s)
<b>Would you like a copy of your request?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
PART B - DECLARATION			
Applicant Declaration:			
By signing this declaration, I (insert name) _____ verify that the above information is true and accurate. I have not provided any false or misleading information			
Signature: _____ Date: _____			
This section must be completed by Parent/Guardian if applicant is under 18 years of age:			
Name of Parent/Guardian: _____			
Signature: _____ Date: _____			
PART C – office use only			
Date received			
Personnel responsible for actioning request			
Did the learner provide a photo ID?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of ID provided:		ID no:	
Has the learner been advised in writing of the outcome/progress of the request application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, detail further actions to be undertaken:</i>			
<i>Necessary actions have been taken (if not, specify why?)</i>			