

### PERSONAL INFORMATION

Request date			
Title	First name		
Last name			Preferred name (optional)
Address			
Suburb/area	Postcode/ZIP	City	
State/province	Country		
Business hours phone	Email		
Mailing address (if different)			
Suburb/area	Postcode/ZIP	City	
State/province	Country		

### MANDATORY

Are you a CPA Australia member?

Yes  No

CPA Australia Membership ID

### DETAILS OF TRAINING RECORDS REQUESTED

Please provide details of the CPA Australian program or module undertaken.

Title			
Start date			End date
Details of training records requested			

### IDENTIFICATION REQUIREMENTS

All requests must be accompanied by one certificated copy of identification e.g. passport, drivers licence, student ID card.

Applications received without this information will be returned.

Please note CPA Australia cannot provide personal information such as training records, results, copies of certificates and statement of attainments to other parties without the written consent of the candidate.

### PRIVACY STATEMENT

By signing where indicated below, I acknowledge that I have read the Privacy Policy and Statement at [cpaustralia.com.au/privacypolicy](http://cpaustralia.com.au/privacypolicy) and consent to my personal and sensitive information being collected, held, used and disclosed in the way and for the purposes stated there.

### DECLARATION

Signature

Date

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### PLEASE SUBMIT YOUR COMPLETED FORM TO:

Post: RTO Manager – Records request  
CPA Australia  
GPO Box 2820  
Melbourne, VIC 3001  
AUSTRALIA

### OFFICE USE ONLY

Request approved  Yes  No

RTO manager signature

Date

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