

Consent Form

Purpose

This form is used to confirm that you consent to the Victorian Institute of Teaching (VIT) disclosing information about your registration application, including any personal, sensitive and health information, to a nominated person, agency, or employer.

During the disclosure process, information received from third parties may be used to assess your application, and for any related secondary purpose.

You can withdraw this consent at any time by email or phone.

How do I submit this form to VIT?

You can email the completed form to vit@vit.vic.edu.au with the subject 'Consent Form'.

The form must be sent directly to VIT from the email address listed on your VIT account. It will only be valid once VIT has received and processed it.

Applicant details						
Full name						
Date of birth (DD/MM/YYYY)						
VIT registration no.						
Phone number						
Email						
Expiry of consent (DD/MM/YYYY)						

Details of nominated person / agency / employer	
Name of person / agency / employer	
Phone number	
Email	
Relationship to VIT applicant	

Note: the contact details of the nominated person / agency / employer will be used for verification purposes.

Consent for VIT to communicate with the nominated person / agency / employer about:		No	Yes
Updates on application assessment timeframes and the reasons for delays in decision-making		<input type="checkbox"/>	<input type="checkbox"/>
Details of any additional information* requested by VIT to support my application		<input type="checkbox"/>	<input type="checkbox"/>
Details of any current or previous impairments, health matters, criminal history, suitability, or professional history matters relevant to my application		<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):			

Note: for written communications, VIT will include you in any correspondence with the nominated person / agency / employer unless you specify otherwise.

*Information refers to personal, sensitive and health information in accordance with the *Health Records Act (Vic)* and the *Privacy and Data Protection Act (Vic)*

The above consent is provided in accordance with Principle 2.1(b) of the *Privacy and Data Protection Act 2014 (Vic)* and Principle 2.2(b) of the *Health Records Act 2001 (Vic)*.

Signature		Date	
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For information about privacy, read [VIT's privacy statement](#).