

Consent to disclose personal and health information

Purpose

This form is used to confirm that you consent to the Victorian Institute of Teaching disclosing personal and health information to your employer / potential employer.

Please email the completed form to vit@vit.vic.edu.au. To expedite the process, it is recommended the form is sent from the email address VIT has on file. This form is only deemed valid up to 6 months from the signed date.

Consent to disclose personal and health information

I _____, D.O.B. _____
 (full name) (dd/mm/yyyy)

of _____, consent to
 (address)

the Victorian Institute of Teaching (VIT) disclosing personal, sensitive and health information about me

to _____,
 (employer name) (Principal or EC Manager)

of _____ for the purpose of enabling them to understand
 (school / EC service name)

- the status of my application for registration with VIT and the reasons a decision has not yet been made about the application; or
- any conditions placed on my registration, and the reasons for those conditions.

I acknowledge that the personal, sensitive and health information disclosed by VIT may include, but not be limited to

- details of any information, declarations or disclosures I made to VIT;
- details of any criminal charges, findings of guilt or convictions that form part of my criminal history;
- details of my right to engage in child-related work, including any decisions made by Working with Children Check Victoria to issue me with an interim Working with Children exclusion or Working with Children exclusion (or equivalent decisions made in another jurisdiction);
- details of any professional conduct matters that may be relevant to an assessment of my suitability to teach, including but not limited to
 - allegations or findings of serious incompetence;
 - allegations or findings of misconduct or serious misconduct;
 - allegations or findings about my character, reputation and conduct that may impact on my fitness to teach;
 - allegations or findings that my ability to practise as a registered teacher is seriously detrimentally affected or likely to be seriously detrimentally affected because of an impairment;
 - any reportable allegations or findings of reportable conduct made under Part 5A of the Child Wellbeing and Safety Act 2005 (Vic) (or equivalent allegations or findings made in another jurisdiction);
 - any disciplinary action taken against me by a current or former employer; and
 - any disciplinary action taken against me by other teacher regulatory authorities or other professional regulatory bodies;

- details of any impairments and any current treatment being received in relation to those impairments;
- any action taken by VIT, including but not limited to, preliminary assessments and investigations conducted in relation to any of the above mentioned matters; and
- any preliminary or final decisions made by VIT in relation to any of the above mentioned matters, and the reasons for those decisions.

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