

## Consent for First Aid Certification and Training to give personal information to the Person Conducting Business or Undertaking

By signing this form you're giving First Aid Certification and Training Permission to share your personal information to the person nominated on this form.

### Your Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Course: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominated Person

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason: \_\_\_\_\_

### Authorisation

By signing this form First Aid Certification and Training is authorised to forward your Statement of attainment to the nominated person.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_