

ACKNOWLEDGMENT IN REGARD TO DISCLOSURE AND USE OF PERSONAL INFORMATION

I,,
Name, Rank, PMKeys Number, UNSW Student Number

ACKNOWLEDGE that the University College of the University of New South Wales (UNSW@ADFA) will, in the usual course collect and disclose to the Commonwealth of Australia, represented by the Department of Defence or its agents, personal information concerning my applicant status, contact details, tuition and other financial fee status, enrolment status, academic standing status, student misconduct (including academic misconduct) and academic record.

I **CONSENT** to the disclosure of that information by the University College of the University of New South Wales to the Commonwealth of Australia or its agents.

I **UNDERSTAND** that the information disclosed by the University, in conjunction with the information listed below, will be used by the Commonwealth of Australia or its agents for the purpose of ensuring that I am properly managed and administered while in the service of the Australian Defence Organisation.

I **ACKNOWLEDGE** that the Commonwealth of Australia, represented by the Department of Defence or its agents, will collect and hold the following information:

- Applicant records; and
- Contact details; and
- Tuition and other financial fee records; and
- Enrolment records; and
- Academic standing records; and
- Student misconduct records; and
- Academic results from any study undertaken at any campus of The University of New South Wales from before or during any service in the Australian Defence Organisation; and
- Academic results for Defence-funded courses released subsequent to service in the Australian Defence Organisation.

I **AUTHORISE** the Commonwealth of Australia or its agents to use my student academic performance records for the purpose of validating selection procedures for attendance at the Australian Defence Force Academy.

I **ACKNOWLEDGE AUTHORISE AND AGREE** that the University may collect and retain any and all written work submitted by me for assessment (including future work) and grant the University a licence to use and copy written work for the purposes of monitoring and checking for possible plagiarism by other persons and the taking of action by the University in respect of any plagiarism. I understand that I will remain the owner of copyright on any material submitted for assessment.

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Signature

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Signature of Witness

I ACKNOWLEDGE that I have read and understood the attached form “Privacy Information”. I acknowledge that I have been advised to obtain independent legal advice before signing this form and that I have had the opportunity to do so. I accept that the following Acts, Regulations and instructions, in particular apply to the release, use and disclosure of personal information, including my rights to access information held, and seek amendment of such information:

- The Privacy Act 1988 (Cth);
- The Privacy and Personal Information Protection Act 1988 (NSW); and
- DI(N) PERS 47-1, or DI(AF) ADMIN 8-11, or DI(A) PERS 111-6.

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Signature

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Signature of Witness

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Full Name

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Full Name of Witness

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Rank

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Position/Rank

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PMKeys Number

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PMKeys Number (if applicable)

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Date

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Date