Australian College of Culinary and Management

RTO Provider no- -45886 – CRICOS Provider no-04038J

Student Consent Form

Student ID: CNY3000____
Student First Name:_____
Student Middle Name:_____
Student Lats Name:_____
Email:_____

I hereby authorise Australian College of Culinary and Management (ACCM)to publish my testimonial and photograph(s), in all media including but not limited to, print, TV, magazines, newspaper, social media and advertisement and for all types of advertising, publicity, promotion and other trade purposes for ACCM, its products and services.

My full name, title, course name and other details will be revealed in conjunction with my testimonial and photo. I understand that there will be no monetary compensation for my testimonial and photo. I also understand that my testimonial and photo will be published for an indefinite amount of time. I have read this document, understand it and signing it voluntarily.

I hereby authorise ACCM's use of my personal data for Direct Marketing when:
providing ACCM with my personal data through ACCM website, online lead forms, clicking on the submit or register or equivalent button indicating their consent;
providing the ACCM with my personal data through a form, signing on the form indicating consent; or following the instructions in the document on which I'm providing personal data to ACCM.
I also authorise and consent ACCM to use my personal data to Create a USI on behalf of me, search for my USI, verify my USI, disclose a student's USI and/or VET transcript to another provider, view their VET transcript if required.

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Student Signature:
Date:____/_____/_____