MARCSTA
Mining and Resource Contractors Safety Training Association

OFFICE USE ONLY: Const No. ☐☐☐☐☐☐

**Date of Issue** _____

**RPL Application** ☐

OFFICE USE ONLY:

**Training Provider Stamp** _____

# MARCSTA

## WORK SAFELY IN THE CONSTRUCTION INDUSTRY

## ENROLMENT FORM

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**CANDIDATE FIRST GIVEN NAME** _____

**SECOND GIVEN NAME** _____

**SURNAME** _____

**DATE OF BIRTH** _____ **MALE** ☐ **/ FEMALE** ☐

**ADDRESS** _____

_____

_____ **POSTCODE** _____

### CONSENT FOR THE DISCLOSURE OF PERSONAL INFORMATION

Information that is provided to MARCSTA may be covered by the Privacy and Personal Information Protection Act 1998. **By signing this enrolment I acknowledge, authorise and agree that MARCSTA may disclose my personal information to relevant persons, bodies and agencies for the purpose of confirming my training details.**

**CANDIDATE SIGNATURE** _____