

GTO CONSENT FORM

Authority To Use Information & Photograph

4010.0	pment I,(full name)						
of,							
	(address)						
•	, authorise <i>Master Plumbers Association of SA Inc ~ Group Training Organisation</i> GTO ") to:						
(i)	collect, exchange and keep record of, my personal information as is required.						
(ii)	share information contained in my resume, apprenticeship application and assessment results with potential host companies.						
(iii)	seek references from previous employers and work experience employers.						
(iv)	seek information related to academic and education from learning institutions that have attended.						
(v)	share my records with State and Government Departments and Authorities as ma be required from time to time.						
(vi)	permission for photographs in which I appear to be used for the publications and public relation activities of MPAGTO. This may include, but not limited to various print, broadcast and online media (internet sites, including social media). This also includes MPAGTO's marketing collateral. I acknowledge that no form of payment will be issued by MPAGTO for the use of any such photographs. MPAGTO will hold copyright of the photographic images.						
	ner authorise MPAGTO to discuss my application, candidacy progress and ticeship with the following individual:						
1	(Name)						
	(Relationship)						
2.	(Name)						
	(Relationship)						

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Acknowledgment and consent

I give this consent according to the provisions of this document and acknowledge that this authority will remain in force until I provide MPAGTO with written confirmation of my withdrawal of consent. I understand that it is my responsibility to inform MPAGTO if any details that I have provided in this form change.

Name	:				
Signature	:				
Date	:				
If under 18	years of	age a guardian	must sign the l	below	
Name	:				
Signature	:				
Address	:				
Relationship	to Appre	entice/Candidate	:		