Collection statement for the collection, use and disclosure of personal information

Please read carefully and tick all boxes to indicate your understanding.

* I understand that I am required to give my personal information to [INSERT NAME OF FUNDING RECIPIENT EMPLOYER] as part of my application for, and during my employment as an apprentice, trainee or cadet funded by the NSW Government’s Fresh Start for Local Government Apprentices, Trainees and Cadets Grants Program.
* I understand that my personal information will be used by [INSERT NAME OF FUNDING RECIPIENT EMPLOYER] for all purposes in connection with the proper provision of my employment and training, including the payment of my wages.
* I understand that my personal information be shared by [INSERT NAME OF FUNDING RECIPIENT EMPLOYER] with a Public Service agency within the meaning given by the *Government Sector Employment Act 2013* and the Minister for Local Government for their use for the following purposes:

1. all purposes in connection with the proper administration of the Fresh Start for Local Government Apprentices, Trainees and Cadets Grants Program;
2. to report to the Minister for Local Government about matters in connection with the administration of the Fresh Start for Local Government Apprentices, Trainees and Cadets Grants Program;
3. to enable the Minister for Local Government to fulfil the Minister’s portfolio responsibilities;
4. to meet all statutory reporting obligations; and
5. to carry out data analytics work and policy development.

* I understand that my personal information may otherwise be used and disclosed without my consent where permitted, authorised or required by law.
* I understand that I have rights under the *Privacy and Personal Information Protection Act 1998* to:

1. access my personal information held by [INSERT NAME OF FUNDING RECIPIENT EMPLOYER]; and
2. request that any inaccuracies in my personal information held by [INSERT NAME OF FUNDING RECIPIENT EMPLOYER] be corrected.

And that I may exercise those rights by contacting :

[INSERT PRIVACY OFFICER’S NAME

NAME OF FUNDING RECIPIENT EMPLOYER

ADDRESS OF FUNDING RECIPIENT EMPLOYER

PHONE NUMBER OF FUNDING RECIPIENT EMPLOYER].

This declaration is made by:

Full name of declarant

Signature of declarant

On

Date

Please give one copy of this signed declaration to the declarant.