

<p>Please complete and forward this form to  <b>Attention: Quality Management - Are-able, 52 Fairy Street, Warrnambool 3280</b>          or email <a href="mailto:qualitysupport@Areable.org.au">qualitysupport@Areable.org.au</a>          or deliver to your local Are-able office for forwarding to quality management.</p>	
<b>Your details:</b>	
<b>Name</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Contact Number</b>	
<b>Email</b>	

I am registered with the following services (tick appropriate box)				
<b>WORKFORCE AUSTRALIA</b>	<b>DISABILITY EMPLOYMENT SERVICES</b>	<b>NDIS SERVICES</b>	<b>ARE-ABLE TRAINING - STUDENT</b>	<b>EMPLOYED WITH ARE-ABLE</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide below full details of the type of personal information you seek.				
I request to see information collected by Are-able relating to my: <i>(tick appropriate box)</i>				
Disability	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	Other information (please specify below)	<input type="checkbox"/>	
Please indicate whether you would like to inspect the documents and/or obtain a copy				
Copy of Document	<input type="checkbox"/>	Inspection in person of document	<input type="checkbox"/>	
Provide Evidence of Identity <i>(eg: photocopy of Drivers Licence)</i>				
Details of evidence of identity below				attached
				<input type="checkbox"/>
<b>OR</b>				
JSID				

I understand that I will be contacted by a Are-able Representative to discuss and organise the above.			
	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Person requesting</b>			

Office use	Date received		Initial	
Person responsible for completion				