



**AUSTRALIAN FILM TELEVISION  
AND RADIO SCHOOL**



**APPLICANT DECLARATION AND AUTHORITY**

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**PRINT, SIGN AND RETURN THIS PAGE WITH YOUR APPLICATION TASKS**

Please check that your application is complete. Otherwise it may not be processed.

Your application cannot be considered unless you accept the conditions set out below. Please indicate your acceptance by signing and dating this declaration and authority and returning it with your application tasks.

**SIGNED APPLICANT DECLARATION (ONLY ONE COPY REQUIRED)**

I wish to apply for the nominated course and declare that the information I have submitted is true, up-to-date, complete and not misleading. I attest that the work I have submitted is my own and that all credits for that work are true and correct.

I understand that AFTRS reserves the right to vary or reverse any decision made on the basis of incorrect, out-of-date, incomplete or misleading information.

I understand that:

- In submitting this application, AFTRS is collecting personal information from me, which is information from which my identity is apparent or can be reasonably ascertained; and
- AFTRS is bound by the *Information Privacy Principles* under the *Privacy Act 1998* in relation to personal information.

I authorise AFTRS to collect, retrieve, store, transfer, use and disclose any information about me to facilitate the processing of my application and for related administrative activities, such as for record-keeping and archival purposes. I acknowledge that, if I cannot provide or do not wish to provide the information AFTRS seeks, it may be impossible for AFTRS to process my application.

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NAME OF COURSE

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NAME OF APPLICANT

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SIGNATURE OF APPLICANT

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DATE

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EMAIL

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PHONE NUMBER

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APPLICATION NUMBER (*refer to the email that confirmed your registration for this course*)