



Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (X).
Use this form to declare you will complete all necessary National Criminal Record checks as part of your course requirements.
The name details you provide must be the same as the details on your Student ID card.

1 - PERSONAL DETAILS

Student ID number Daytime contact number

Title Family name

Given name(s)

Postal address

Unit no.	<input style="width: 100%;" type="text"/>	Street no.	<input style="width: 100%;" type="text"/>	Street name	<input style="width: 100%;" type="text"/>
Suburb	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>				

Date of birth Gender: Male Female

2 - UNDERTAKING

Please read, add your name in the space provided and then if you agree, sign this Undertaking:

I _____ undertake that if I am charged or convicted of any criminal offence after the date of issue of my National Police Certificate or while I am completing my course, that I will notify my School within 7 days of being charged or convicted.

If I am subject to criminal charges or convictions, I undertake not to attend any clinical placement until I have been subject to a risk assessment by my School to consider the implications for progression and placement.

Student's signature

Date

Date Received

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.