

CLINICAL PLACEMENT INFORMATION DISCLOSURE

Important Information

In order to arrange your clinical placement, ACN will provide the NSW Ministry of Health with the following essential information about you:

- Student Identification Number
- First and last name
- Health discipline
- Pathway of study
- Gender
- Email address
- Mobile phone number
- Medicare number
- Date of birth

In addition to the above information, the NSW Ministry of Health also requires the following information to be provided for students who attend a NSW Health facility for clinical placement:

- Indigenous status
- Student funding source (i.e. HETI, FEE-HELP, Full Fee Paying Domestic or International student)

This information will be used by the NSW Ministry of Health to assist with workforce planning.

You have a right to access and amend the personal information that ACN holds about you. If you wish to seek access to your personal information or inquire about the handling of your personal information please visit our Student Privacy and Personal Information Policy (https://www.acn.edu.au/about-us/policies-and-assurance) or contact our Privacy Officer at privacy@acn.edu.au.

Please comp	lete the	e detail	s below:
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Declaration

I consent to the above information being provided to the NSW Ministry of Health in order to arrange my clinical placement allocation and to assist with workforce planning.

Signature:	Date:
Name:	(Please Print)
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Student ID:	