

## ***STUDENT DETAILS***

***INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL***

<b>TITLE</b> (PLEASE INSERT X )	<b>Mr</b> [ ]	<b>Mrs</b> [ ]	<b>Miss</b> [ ]	<b>Ms</b> [ ]	<b>Dr</b> [ ]
<b>GENDER</b> (PLEASE INSERT X )	<b>Male</b> [ ] <b>Female</b> [ ] <b>Other</b> [ ]				
<b>AUSTRALIAN CITIZEN / PERMANENT RESIDENT</b>	<b>YES</b> [ ] <b>NO</b> [ ]				
<b>SURNAME</b>					
<b>GIVEN NAMES</b>					
<b>FORMER NAMES</b> (IF APPLICABLE)					
<b>ADDRESS</b>					
<b>DATE OF BIRTH</b>					
<b>HOME/PRIVATE NUMBER</b>					
<b>MOBILE NUMBER</b>					
<b>STUDENT ID NUMBER</b>					
<b>EDUCATION PROVIDER</b>					
<b>EMAIL ADDRESS</b>	@				

***Please complete the details above and:***

- ***NSW Health Code of Conduct Agreement for Students***
- ***National Police Check***
- ***Appendix 6 - Undertaking / Declaration Form***
- ***Appendix 7 - Tuberculosis (TB) Assessment Tool***
- ***Adult Vaccination Record Card and/or other acceptable forms of evidence of immunity to vaccine preventable diseases.***