

STUDENT DETAILS

INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

TITLE (PLEASE INSERT X)	Mr []	Mrs []	Miss []	Ms []	Dr []
GENDER (PLEASE INSERT X)	Male [] Female [] Other []				
AUSTRALIAN CITIZEN / PERMANENT RESIDENT	YES [] NO []				
SURNAME					
GIVEN NAMES					
FORMER NAMES (IF APPLICABLE)					
ADDRESS					
DATE OF BIRTH					
HOME/PRIVATE NUMBER					
MOBILE NUMBER					
STUDENT ID NUMBER					
EDUCATION PROVIDER					
YEAR OF STUDY (Only students in first year of study can qualify for temporary compliance)					
EMAIL ADDRESS	@				

Please complete the details above and:

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