

STUDENT REGISTRATION FORM

Your personal details are treated in the strictest confidence. The information is securely stored and will not be disclosed to any other party. Your date of birth is important to us for insurance purposes.



Personal Details:				
Surname:			Given Name:	
Preferred Name:			Date of Birth:	
Preferred Pronouns	<input type="checkbox"/> She/Her	<input type="checkbox"/> He/Him	<input type="checkbox"/> They/Them	<input type="checkbox"/> Other (specify)
Mobile:			Email:	
Home Address:				
			Postcode:	
Current Victorian Drivers Licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If you will be driving a vehicle during placement, we require a copy of your Driver's Licence on record)	

Emergency Contact:	
Name:	Relationship:
Mobile Contact number:	

Medical Information:	
Do you have a known medical condition or allergies that we should be aware of?:	
<input type="checkbox"/> Yes (please provide details and information about any medications required)	<input type="checkbox"/> No
Do you have any pre-existing injury (eg. back or shoulder injury) that could prevent you from fulfilling your role as a student based on your scope of practice?	
<input type="checkbox"/> Yes (please provide details)	<input type="checkbox"/> No
Please feel free to discuss these, or other conditions, with your Supervisor.	

Student's signature:

Date:

Parent/Guardian signature (if under 18 yrs):

Date:

WORK EXPERIENCE STUDENTS ONLY

Bank Details: (for work experience payment)
Bank Name (e.g. Commonwealth, ANZ, etc):
Branch Name (Branch/Suburb where account was opened):
BSB Number: _ _ _ - _ _ _ (Branch No. must have 6 digits)
Account Number: _ _ _ _ _ _ _ _ _ (Account No. maximum 9 digits)
(Please state bank account number from bank statement NOT the number on credit/savings card)
Account Name:

Please forward your Registration form to:

seducation@seymourhealth.org.au