



Clinical Placement Office

Canberra Hospital, Building 5, Ground
Floor, Room 5-1-60, Yamba Drive,
Garran, ACT 2605
Ph: 02 6174 5887
Email: cpo@act.gov.au

AUTHORISATION TO RELEASE PERSONAL INFORMATION FOR FURTHER INVESTIGATION OF A POLICE OR WORKING WITH VULNERABLE PEOPLE CHECK

Full Name:

Date of Birth:

Previous Name:

Educational Institution Student ID No:

I request and authorise (insert university name here) to release
information about myself, as named above to:

Clinical Placement Office, Canberra Hospital, Building 5, Ground Floor, Room 5-1-60, Yamba Drive,
Garran, ACT 2605

This request and authorisation applies to:

- National Police Check
- Working With Vulnerable People Check

Definition: ACT Health requires all persons seeking clinical placement within ACT Government Health Directorate Facilities to comply with the ACT Government Health Directorate National Police Check Policy.

Please tick the appropriate box

- Yes No I authorise the release of my police check status to the staff listed above. I understand that the staff listed above will be advising me if my police check prevents me from undertaking a clinical placement in ACT Government Health Directorate facilities.
- Yes No I authorise the release of my Working With Vulnerable People check status to the staff listed above. I understand that the staff listed above will be advising me if my Working With Vulnerable People check prevents me from undertaking a clinical placement in ACT Government Health Directorate facilities.
- Yes No I understand that ACT Government Health Directorate staff may be discussed with other staff deemed necessary to make a decision. This may include Human Resources personnel, Departmental Managers and the Professional Lead for my discipline.

Yes No

I am enclosing a personal statement about my police and or Working With Vulnerable People check to assist ACT Government Health Directorate staff with their decision.

Student or Trainee

Signature:

Date signed:

The staff of the Clinical Placement Office will treat all information on this form according to the ACT Government Health Directorate policies regarding the use and storage of personal information and in the strictest confidence.