



Student Clinical Placement Unit

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AUTHORISATION TO RELEASE PERSONAL INFORMATION FOR FURTHER INVESTIGATION OF A POLICE CHECK

STUDENT Name: _____ Date of Birth: _____

Previous Name: _____ University Student ID No: _____

I request and authorise _____ (insert University name here) to release information about myself (named above) to:

Name: Student Clinical Placement Unit

Address: PO Box 11

City: Woden State: ACT Postcode: 2606

This request and authorisation applies to:

National Police Check

other: _____ (insert other information here if necessary)

Definition: The Health Directorate (Health Directorate) requires all persons seeking clinical placement within Health Directorate Facilities to comply with the Health Directorate Staff Immunisation Policy.

Yes No I authorise the release of my police status to the Unit staff listed above. I understand that the staff listed above will be advising me if my police record prevents me from undertaking a student clinical placement in Health Directorate facilities.

Yes No I understand that 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 Lead Health Professionals for my discipline.

Yes No I am enclosing a personal statement about my police check to assist Health Directorate staff with their decision.

Student Signature: _____ Date Signed: _____

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