

Consent Form to Hold and Release Student Information

The information on this consent form is collected for the primary purpose of gaining your consent to hold and release your personal information for the duration of your enrolment with Federation University Australia. This information may include the following:

- your personal details may be forwarded to clinical and/or work integrated learning settings (e.g. Hospitals, Schools, community centres, etc.) as required prior to you undertaking clinical and/or work integrated learning placements;
- your personal details will be uploaded to Federation University's InPlace student placement system and other placement agency's placement systems such as VicPlace, the Department of Health system for Clinical Placement requests as required prior to you undertaking clinical and/or work integrated learning placements;
- your personal details and academic results to The Australian Health Practitioner Regulation Agency (AHPRA) as may be required by them for student and nurse registration or to the Victorian Institute of Teaching (VIT) for education students.
- Information regarding the outcomes of the following checks:

| | |
|---------------------|-----------------------------|
| Police check | Working with Children Check |
| Immunisation status | Medical information |

In order to provide the above information, and in accordance with the requirements of Victorian privacy laws, Federation University Australia requires your consent to hold and disclose this information as described above.

Should you elect not to provide consent for the above this may result in your clinical and/or work integrated learning placements being cancelled, delayed or limited and delay your progress through your program and/or Registration with external accreditation agencies such as AHPRA or VIT.

I consent to Federation University holding and releasing the above listed information for the purposes outlined above:

I ACKNOWLEDGE AND ACCEPT that the University will not be responsible for obtaining a placement for me that is required as part of my course of study if I fail to provide all information and consent to the University or if the Placement Organisations will not accept me following assessment of the information.

Student ID Number: _____

Full Name (please print): _____

Signature: _____

Date: _____

If you have any concerns, please contact your Program Coordinator / Course Coordinator.

The information on this form will not be used for purposes other than those outlined above, without your permission.

You have a right to access personal information that Federation University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University.

Please sign and upload a scanned copy of this form to your personal profile in InPlace. This form will be retained by Federation University.