



Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (X).  
Use this form to declare you will complete all necessary National Criminal Record checks as part of your course requirements.  
The name details you provide must be the same as the details on your Student ID card.

**1 - PERSONAL DETAILS**

Student ID number

Daytime contact number

Title  Family name

Given name(s)

Postal address

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

Course code  Course name  Campus

Date of birth  Gender: Male  Female

**2 - UNDERTAKING**

Please read, add your name in the space provided and then if you agree, sign this Undertaking:

I \_\_\_\_\_ undertake that if I am charged or convicted of any criminal offence after the date of issue of my National Police Certificate or while I am completing my course, that I will notify the Department of Health, Corporate Governance and Risk Management Branch, External Relations and Employment Screening Unit on 02 9391 9965 within 7 days of being charged or convicted.

If I am subject to criminal charges or convictions, I undertake not to attend any clinical placement until I have been subject to a risk assessment by the NSW Department of Health.

Student's signature

Date

Date Received