



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.		Street no.		Street name	
Suburb				State	Postcode
Country					

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 **my School** 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 <input style="width: 95%; height: 25px; border: 1px solid black; border-bottom: none;" type="text"/> X SIGN HERE	Date <input style="width: 100%; height: 20px;" type="text"/>	Date Received
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