



Allied Health Student Details

Name _____

Mobile or Best Contact Details _____

Email Address _____

Emergency Contact Person _____

Emergency Person Contact Number _____

Medical Issues (optional) _____

Mode of transport to venue _____

Allied Health Service stream _____

Clinical Facilitator _____

Previous Healthcare Experience _____

EVIDENCE OF MANDATORY REQUIREMENTS:

(To be given to / shown to Clinical Facilitator (CF) on first day)

C F TO SIGN

Student Photo ID	original sited & copy provided by student	YES	NO	_____
First Aid Certificate/BLS Competency	original sited & copy provided by student	YES	NO	_____
DCSI / Police Clearance	Original sited	YES	NO	_____
Immunisation	original sited & copy provided by student	YES	NO	_____
HHA eLearning certificate	copy provided by student	YES	NO	_____
Privacy Agreement signed		YES	NO	_____

All details will remain private and confidential