

**PERMISSION TO DISCLOSE ADDITIONAL INFORMATION TO NSW HEALTH
& AUSTRALIAN IMMUNISATION REGISTER CONSENT FORM**

Dear student,

In order to arrange your clinical placement, Bond University will provide NSW Health with the following essential information about you:

- Student Identification Number
- First name and Last name
- Health discipline
- Pathway of study
- Gender

Privacy laws allow us to provide NSW Ministry of Health with this information about you as it is directly related to your clinical placement.

In addition to this information, NSW Health requests the following information for students who attend NSW Health facilities for clinical placement:

- Year of birth
- Indigenous status
- Student funding source (whether you are a HECS or International student)

NSW Ministry of Health will use this information to assist with workforce planning.

OCCUPATIONAL SCREENING & VACCINATION ASSESSMENT

As part of the Occupational Screening & Vaccination Assessment against Specified Infectious Diseases, NSW Health may require access to your Immunisation history statement from the Australian Immunisation Register.

Please indicate below if you give your consent for the OASV Assessor, Northern NSW Local Health District, to access my Immunisation history statement, if required, from the Australian Immunisation Register. If you do not consent, please give your reason below.

PLEASE INDICATE YOUR PERMISSION PREFERENCE BY SELECTING AND COMPLETING ONE OF THE BOXES BELOW:

I, (Please print name) _____

DO GIVE MY PERMISSION FOR NSW HEALTH TO RECEIVE ADDITIONAL INFORMATION FROM BOND UNIVERSITY AS OUTLINED ABOVE **AND** FOR THE OASV ASSESSOR, NORTHERN NSW LOCAL HEALTH DISTRICT, TO ACCESS MY IMMUNISATION HISTORY FROM THE AUSTRALIAN IMMUNISATION REGISTER IF REQUIRED.

Signature:

Student ID Number:

Date of Birth:

Date:

I, (Please print name) _____

DO NOT GIVE MY PERMISSION FOR NSW HEALTH TO RECEIVE ADDITIONAL INFORMATION FROM BOND UNIVERSITY AS OUTLINED ABOVE **AND/OR** FOR THE OASV ASSESSOR, NORTHERN NSW LOCAL HEALTH DISTRICT, TO ACCESS MY IMMUNISATION HISTORY FROM THE AUSTRALIAN IMMUNISATION REGISTER IF REQUIRED:

PLEASE PROVIDE A REASON FOR WHY PERMISSION IS NOT GRANTED:

Signature:

Student ID Number:

Date of Birth:

Date:



**Northern NSW
Local Health District**