UNIVERSITY OF SOUTH AUSTRALIA

Consent and Authority to Release National Police Certificate

Personal Details		
Student ID: ☐☐☐☐☐☐☐☐☐		
Mr/Miss/Ms/Mrs:	Family Name:	
First Name(s):		
Address:		Post Code:
Contact No:	UniSA email address:	

Program and course details	
Program Code:	Program Title:
Next Practicum:	

I UNDERSTAND AND ACKNOWLEDGE that the organisation or organisations which offer students professional placements relevant to my course of study ("Placement Organisations") require a copy of my police certificate or information contained therein in order for them to assess my suitability to be offered a placement.

I HEREBY CONSENT AND AUTHORISE the University of South Australia ("University") to release my student details as stated above and a copy of my National Police Certificate and/or all or part of the information contained therein ("Information") to the Placement Organisations and the reference group representing the Placement Organisations ("Sector Reference Group").

I UNDERSTAND AND ACKNOWLEDGE that the Placement Organisations will decide whether or not to accept me on professional placement based on the Information and the recommendations of the Sector Reference Group.

I ACKNOWLEDGE AND ACCEPT that the University will not be responsible for obtaining a professional placement for me that I may require to complete my course of study if I fail to provide all information and consents necessary to the University or if the Placement Organisations will not accept me following assessment of the Information.

In consideration of the University agreeing to provide the Information to the Placement Organisations I HEREBY release and discharge and agree to indemnify and hold harmless the University, its employees, contractors and agents from and against all actions, suits, proceedings, claims, demands, costs and damages whatsoever arising out of or in any way connected with the release or use of the Information.

STUDENT
Please sign above:
Date:

WITNESS	
Please print your name above:	*Please sign above:*
	Date:

INSTRUCTIONS

1. Write in ink and use BLOCK LETTERS
2. Complete all boxes in the Student details section
3. Make sure you read the form carefully
4. Sign and date this form in front of a witness (the witness needs to sign it too)
5. Do not alter or delete the wording on the form in any way
6. Hand deliver, or post –
   - the **original signed and witnessed Consent Form**, PLUS
   - the original or **certified copy of the National Police Certificate**. The original will be returned once sighted.
7. Deliver or Post to: CONFIDENTIAL
   School Executive Officer, School of Education (Mawson Lakes Campus)
   University of South Australia
   Mawson Lakes Boulevard, MAWSON LAKES 5095
   (*or, if posting* GPO Box 2471 ADELAIDE SA 5000)