

Workplace Learning Health and Safety Disclosure Form

1. Privacy Statement

The personal information you provide in this form is governed by the *Privacy and Personal Information Protection Act 1998*, the *Health Records and Information Privacy Act 2002* and CSU's [Privacy Management Plan](#) (the Privacy Legislation). Your information will be collected by CSU workplace learning staff and may be disclosed to CSU's Disability Service and authorised personnel at potential work placement organisations to enable the identification and implementation of reasonable adjustment and support if required. Your personal information will not otherwise be made available to any other person or organisation for any other purpose without your consent except where CSU may be legally required to do so. The provision of personal information in this form by you is voluntary but if this information is not provided, CSU may be unable to identify and implement reasonable adjustment and support at work placement organisations.

You have a right of access to, and correction of, your personal and health information in accordance with the Privacy Legislation. Please direct any enquiries you may have in relation to this matter to your Workplace Learning Coordinator. If you are unhappy with the way CSU has handled or failed to handle your personal information, you may apply to have the matter reviewed by lodging a complaint with the CSU Ombudsman.

2. Your Authority and Acknowledgements

By signing and submitting this form:

- I acknowledge that I have read the Privacy Statement in section 1;
- I consent to the collection of my personal information described in section 3 by CSU workplace learning staff and to the disclosure of such information to CSU's Disability Service and to authorised personnel at potential work placement organisations relevant to my course for the purpose described in section 1; and
- I acknowledge and accept that if I fail to provide all appropriate information in a timely manner, CSU may not be able to identify and implement reasonable adjustment and support at work placement organisations.

3. Your Personal Information

Instructions: Please insert details and tick relevant boxes as appropriate:

My student details:

Family Name:		Student ID:	
Given Names:		Date of Birth:	
Address:		Day time phone number:	
Email:			

My consent to the collection and disclosure of my student details and academic performance for the purpose described in section 1:

		Consent to disclose	Office use
1	Student details (Name, Address, Email, Student ID, Date of Birth and Day Time Phone Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Academic performance in enrolled courses including conduct and performance in class, assignment and examination results, progress, appeals and exclusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

My consent to the collection and disclosure of my health information for the purpose described in section 1:

For the purpose of the following questions, the term “**disability/medical condition**” is used. In accordance with the Disability Discrimination Act 1992, the definition of “**disability/medical condition**” includes the following disabilities, illnesses or medical conditions which may be either temporary or permanent:

- Physical
- Sensory
- Intellectual
- Psychiatric or mental health issues
- Neurological
- Learning disability
- Physical disfigurement
- Presence in the body of disease causing organisms
- Pregnancy (for the purpose of ensuring your baby is protected from any potentially harmful environmental and health and safety risks)

<i>use</i>		Consent to disclose	Office
1	Are you registered with Charles Sturt University’s Disability Service (information to be shared by workplace learning staff to Disability Service only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Do you have a disability/medical condition which may impact on participation requirements of workplace learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	If yes to question 2, please specify your disability/medical condition and attach supporting documentation, if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	If yes to question 2, please describe the impact your disability/medical condition may have on participation requirements of workplace learning and attach supporting documentation, if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	If yes to question 2, please outline what reasonable adjustments or support you might need in a work placement organisation and attach supporting documentation, if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

This consent is in force until such time as I notify CSU, in writing, that I wish to withdraw it.

Student’s Signature:		Date:
Student’s Full Name:		

Please send form to your Workplace Learning Coordinator