

Student Number

Title Mr Mrs Ms Miss Dr
 Other

Surname

Given Names

Preferred Name

Gender Male Female Indeterminate/
Intersex/Unspecified

Date of Birth (DDMMYYYY)

Are you an International Student? Yes No

Postal Address (must be completed by all students)

Number & Street or PO Box

Suburb / Town

State Postcode

Country (if outside Australia)

Home Phone

Work Phone

Mobile Phone

Email

Have you activated your student account?
All correspondence sent to students by CDU will be sent to the student's official CDU email address.

Course Code Campus/Centre Course Mode Internal External Mixed

Course Name

Emergency Contact (This must be completed by all students)

Title Mr Mrs Ms Miss Dr
 Other

Surname

Given Names

Relationship to student?

Contact email

Street address

Suburb / Town

State Postcode

Country (if outside Australia)

Contact number

Mobile Phone

Description of activity

Unit code Supervisor name

What is the nature and location of the field work?

Do you have any health concerns regarding the proposed field work, such as;

Epilepsy/Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dizziness/Problems with balance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma/Lung/Respiratory problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraines/Persistent Headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visual/Eye problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest/Heart problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Circulatory problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
High/Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Muscular/skeletal problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, please specify;

I hereby declare that the above information is true and correct. I state I have no impediment that would restrict me in undertaking the full range of duties of the proposed field work.

Student Signature: _____ Date: ____ / ____ / ____

**Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909. Fax (08) 8946 6642
Email: student.central@cdu.edu.au**

OFFICE USE ONLY		
Received:	Processed by:	Supervisor
		Name:
	Date:	Signature:
		Date:
Comments		
Trim Number	STU	