



Consent and Authority to Release Criminal History Screening

Personal Details	
Student ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mr/Miss/Ms/Mrs:	Family Name:
First Name(s):	
Address:	Post Code:
Contact No:	UniSA email address:
Date of Birth:	

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

I HEREBY CONSENT AND AUTHORISE the University of South Australia (“University”) to release my student details as stated above and a copy of my Criminal History Screening and/or all or part of the information contained therein (“Information”) to the reference group representing the Placement Organisations (“Intersectoral Reference Group”).

I ACKNOWLEDGE AND ACCEPT that the University will not be responsible for obtaining a professional placement or any other professional experience activities 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 and/or any other Organisations will not accept me following assessment of the Information.

In consideration of the University agreeing to provide the Information to the Placement and/or any other Organisations where there is an undertaking to carry out professional experience activities as part of my educational studies courses. 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
<i>Please sign above:</i> <i>Date:</i>

WITNESS	
<i>Please print your name above:</i>	<i>Please sign above:</i> <i>Date:</i>

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 Criminal History Screening**. The original will be returned once sighted.
7. Deliver or Post to: CONFIDENTIAL
 CHS Officer, G1-14 School of Education (Mawson Lakes Campus)
 University of South Australia
 Mawson Lakes Boulevard, MAWSON LAKES 5095