Student Declaration

FOR ALL STUDENTS ENROLLING IN
DIPLOMA IN HEARING DEVICE PRESCRIPTION AND EVALUATION COURSE

18273

TAFE NSW has a responsibility to protect children and other vulnerable members of the public from possible violence or abuse by students who may come into contact with them while undertaking a course. For this reason, you are obliged to read this form carefully and only sign it if you DO NOT have a personal history of committing abuse or violence.

TAFE NSW will not make any disclosure relating to the signing of this form generally available. However, where work placement is part of the course, the work placement employer will be informed if the form has not been signed. TAFE NSW will also meet any legal requirements relating to the disclosure of information.

If you feel aspects of your personal history may prevent you from signing this declaration or if you have any concerns or questions, then you may wish to discuss the matter with your enrolling officer, or with Counselling Staff at OTEN.

___________________________________________________________________________
(Institute)

___________________________________________________________________________
(Student Name)        (Student Number)

___________________________________________________________________________
(Course Name)        (Course Number)

I am aware that children and other members of the public with whom I may come into contact during this course should not be exposed to any undue risk. I declare that there is no reason that my participation in this course would pose any risk to vulnerable members of the public with whom I may come into contact, and that there is no reason why I should not fully participate in this course or its activities.

I understand that if I do not sign this declaration, the work placement employer will be informed that I have not signed, when work placement is being requested.

I also understand that if I have a personal history of committing abuse or violence this may mean that:

- I am excluded from enrolling in this course, or
- If already enrolled, my enrolment may be terminated, or
- I may not be able to participate in the workplace components of the course, in which case I may be unable to complete the course.

___________________________________________________________________________
(Student’s signature)        (Date)