Student ID Number:	
First Name:	
Last Name	

Consent to Student Register – AHPRA

Under the *Health Practitioner Regulation National Law,* all students enrolled in an approved program of study that requires the undertaking of clinical training in a health profession, must be entered on the Student Register. Students are therefore required to consent to the University providing to the **Australian Health Practitioner Regulation Agency** (AHPRA) the following specific information:

- Name of Education Provider (i.e., University of Technology Sydney)
- Student Identification Number
- Full Name
- Date of Birth
- Gender
- Mailing address (in Australia) and email
- Name of the approved program of study or clinical training being undertaken by the student
- The dates on which the student starts (and is expected to stop) the approved program of study or clinical training (and reasons for ceasing to be enrolled in the approved program of study)

This information is **not** published online and is **not** publicly available. No fee applies to student registration. Further information is available at: http://www.ahpra.gov.au/Registration/Student-Registrations.aspx

Sign to consent to your details being entered on the Student Register

Signature:

Date:

Student ID Number:	
First Name:	
Last Name	

Permission to Disclose Information - ClinConnect

Certain mandatory student data which is directly related to the purpose of providing clinical placements will be uploaded via the NSW Health Application Portal and stored in ClinConnect to create a student record. Students are therefore required to consent to the University providing to the **Ministry of Health (MOH)** the following specific information:

- Student Identification Number
- Full Name
- Gender
- Year of Birth
- Details relating to my studies (Pathway, Discipline, Sub Discipline and Status)

This information is **not** published online and is **not** publicly available.

I _____ (full name), acknowledge and agree that to

enable the arrangement of clinical placements as part of my studies, The University of Technology, Sydney

(UTS) may disclose to the NSW Ministry of Health, NSW Local Health Districts, the health departments of other

States and Territories and facilities where I may attend clinical training, personal information relating to myself,

as stated above.

Signature:

Date: