

MyDay Registration Form

MyDay Nursing & Paramedic, Bathurst

Thursday 21 April 2016, 9:30am – 2:00pm

Please return the Registration Form to your Careers Adviser by 14 April 2016
Fax: 02 6338 6011
Email infoevents@csu.edu.au

Student details

First Name: _____ Surname: _____

Date of Birth: ____/____/____

Phone Number: _____

*Email address: _____

(*This is a required field)

School Name: _____

School Suburb/Town/City: _____

School Year: 12 11

Please indicate your area of interest in order of preference.

Nursing

Paramedic

Do you have a medical condition that we need to be aware of? Yes No

If yes please provide details _____

Parent/Carer Information Sessions

We will be conducting information sessions on the day between 10am and 2pm for parents/carers.
Please indicate if a parent/carers would like to participate in the sessions.

Attending parent session No Yes If **Yes** how many will be attending _____

Image / Testimonial Release

I understand that photographic images may be taken whilst attending the program and consent to their use by Charles Sturt University and its agents in editorial, advertising, educational and promotional material.

I understand that international copyright and intellectual property rights on these materials will remain the property of Charles Sturt University who will be entitled to broadcast, publish or otherwise distribute these materials and any product thereof in any way or manner that they see fit in perpetuity.

My signature below signifies my approval, and therefore I have no further claims for compensation from Charles Sturt University or its agents.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____